

Aliwal Healthcare Limited

Aliwal Manor Care Centre

Inspection report

Turners Lane
Whittlesey
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Tel: 01733203347

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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

Aliwal Care Centre provides accommodation, support and care, for up to 32 adults and older people, some of whom live with dementia. 32 people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector and an expert by experience of people who are living with dementia. At the last inspection on 10 October 2014 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included fire safety.

There was sufficient staff on duty to keep people safe. A thorough recruitment and selection process was in place, which ensured staff recruited were suitable to work with people who used the service.

People received their medicines as prescribed and received care and support when they needed it from staff who had the skills and knowledge to provide safe and appropriate support.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed so that their care was planned and delivered in a consistent way. The registered manager and staff talked passionately about the people they supported and knew their care needs well. Staff offered people choices, for example, how they spent their day and what they wanted to eat. These choices were respected.

People were supported to maintain their nutrition and staff had the information they needed to monitor and respond to people's health conditions.

People lived in a service where staff treated them as an individual and encouraged them to maintain relationships. People were supported to take part in activities of their choice..

The provider had a range of systems in place to assess, monitor and improve the service. Significant improvements had been made to the interior décor since our last inspection. People had been consulted on

the improvements made to the premises and their choices had been respected. People, their relatives and staff were regularly asked for their feedback about the quality of the service provided. Feedback was used to recognise good practice and to drive improvements where shortfalls were identified.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Aliwal Manor Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 2 May 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience of people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with 10 people who were able to express their views but not everyone was able to communicate effectively and articulately with us. This was due to people having complex care and support needs. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We also spoke with six visitors/relatives and the local authority safeguarding team to obtain their views about the service provided at Aliwal Manor Care Centre.

We looked at records in relation to three people's care. We spoke with the registered manager, deputy manager, three care staff, a team leader and the activities co-ordinator. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Aliwal Manor Care Centre. Comments included, "I know they leave the door open and then they can check on you. That makes me feel safe because I know they are keeping a watch out for me." And "I like it here, I feel safe because you know there is always someone around to help you. They look after you." One relative told us, "I've no concerns; I know if my [family member] felt unsafe she would walk out of the front door and not come back."

Staff demonstrated to us they knew how to recognise and report any suspicions of harm or poor care. They were also aware that they could report any concerns they might have to external agencies. This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Systems were in place to identify and reduce the risks to people using the service. Individual risk assessments had been undertaken in relation to people's identified health, care, and support needs. These were put in place, to keep people as safe as possible and to manage and minimise the identified risk. Risks included actions to take in the event of an emergency, such as a fire. Following a recent fire in the home the fire service was complimentary about how it was handled which led to everyone being evacuated safely.

Staff files examined confirmed a robust recruitment and selection process was in place. Staff had been subject to a criminal record check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People told us and we could see for ourselves that there was enough staff available to meet their needs. One person told us, "They make sure you are alright and at night, they check on you." Another person commented, "If I need staff, there is always some about." A relative confirmed they felt the staffing levels were appropriate, commenting, "No-one ever seems to be left on their own". We observed that call bells were within reach of people who were in their rooms.

Medication Administration Records (MARs) showed that medicines had been administered as prescribed. We saw that staff signed to say they administered the medicine. Staff made conversation and interacted with people whilst they were supervising them taking their medicines. One person said, "The girls [staff] help me with my medicines. They bring it to me and wait while I take it." Another person said, "They [staff] bring my pills and wait with me to make sure I take them." Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help ensure people were safely administered their prescribed medicines.

Is the service effective?

Our findings

Relatives expressed their confidence in the staff. They felt that staff knew the needs of their family members well. Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to effectively carry out their duties and responsibilities. This had included training to meet people's specific needs, such as epilepsy and diabetes.

Staff told us they had completed a full induction which included training sessions and shadowing more experienced staff in learning about people's individual needs. Staff spoken with told us they received regular supervision and an annual appraisal where they had the opportunity to discuss the support they needed and to discuss their training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

People said that they liked the food and had a choice of what they wanted to eat. One person said, "I like the food, You get a good choice and you can get fruit when you want." We saw fruit was available within in each of the units for people to help themselves. Another person told us, "Yes I get enough to eat. You can always ask for extra if you want. Fruit and quavers and things are always around and you can get a drink when you want." A visitor commented, "I think the food is really good. I know it is all locally produced fruit and veg because I know where they get it from."

People told us they had access to a range of health services. One person told us, "The doctor comes here to see me. They are very good." Another person told us, "The staff called the doctor to me because I had a bad chest infection. That was really kind of them." A relative told us, "They [staff] talk to me about [family member] and keep me informed of any changes or anything that they needs health wise." Therefore people could be confident that their health care needs would be met.

Is the service caring?

Our findings

The interaction we saw between staff and people using the service was kind, caring and attentive. Visitors/relatives told us that they always found the atmosphere to be welcoming and relaxing. One person told us, "I think the staff are really caring. They really get to know you and what you like. They talk to me nicely and they are always on your wavelength." Another person said, "The staff are 100% behind us, they really care." A third person said, "the staff are polite and pleasant, always smiling."

We saw staff knocked on the doors to the rooms and waited for a response before entering. Staff then checked and asked for the person's permission. Staff gave people choices and listened for the responses people gave before carrying out individual requests and wishes. We observed that staff checked and asked people for their consent before providing them with personal care or assistance. Staff explained the support they were going to provide before giving it and people were reassured through knowing what was happening. We also saw staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care.

Throughout the day and at lunchtime people were able to be as independent as possible with eating and drinking. People had access to aids such as straws to help them to drink. During lunch staff regularly checked that people were enjoying their meals and offered additional help whenever they felt this might be needed. If people had chosen not to be assisted their wishes were fully respected. People were not hurried with their meals and people were offered their desserts once they had finished their main meal. People could choose to have their meals in their rooms and had access to utensils and condiments to help them eat and drink independently.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

Visitors/relatives and people living at the service told us that they were encouraged to be involved in the review of the care and support plans. They said that communication was good between the registered manager, staff and themselves. One person said, "The staff get to know you, they talk to you." One relative told us, "Staff update you and keep me well informed about what is happening to [family member]."

On the day of our visit people were involved in taking part in activities such as bingo and completing word puzzles. We heard lots of chatter and laughter. On the day of the inspection a few people from the local community came to the home to take part in the activities. One person said, "I look forward to coming in every week. We have a really good time and the company is great." Relatives confirmed that their family members were encouraged to take part in activities and interests such as getting out into the garden. People assisted in the planting and picking of vegetables. There were rabbits and hens in the garden. Two people made comments about the rabbits saying, "I watch the rabbits, they make me laugh." and "The rabbits run around and the hens, they are funny." Two people spoke about a day out that didn't quite go to plan and commented, "We went on a trip to Sandringham but the driver got lost and we ended up somewhere else. We had a lovely lunch out and really enjoyed it. It was such a laugh." and "It was great fun when the driver got lost. We had a really nice day and it was so funny."

The registered manager told us about one of their community links is where they had raised money to purchase a syringe driver (a piece of equipment which helps control symptoms by delivering a steady flow of liquid medication through a continuous injection under the skin) which they store in the service. The syringe driver is available to the district nurse team 24 hours a day for when a person is in need of the piece of equipment. The staff had plans in place for a fete to take place at the end of May. People, visitors/relatives and staff told us it involved lots of people coming from the local community and they usually raise lots of money for the activities fund for the people living at the service.

Care records we saw showed that people's general health and health specific issues were documented and monitored. Where necessary, referrals were made to the relevant health care professional if there were any concerns. Staff we spoke with gave us examples of their knowledge of people's different requirements and we saw that staff were responsive to people's needs throughout the day.

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at this service. There was a complaints procedure which was available in the main reception area of the service. One person told us, "The staff are really good. I have no complaints. They will do anything for you and that makes me feel good." One visitor said, "I think they take any worries seriously and they will listen to you and help you."

Is the service well-led?

Our findings

A registered manager was 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.

People and their relatives told us the registered manager was approachable and listened to what they had to say. One person told us, "I have known the Manager for years and she is really good. She will help any of us." Another commented, "The manager is easy to talk to and she's always around." A relative told us, "I couldn't wish for anyone better to manage the service". A relative said, "we came to look round the home and the [registered] manager showed us round. They talked through everything with us and they were able to answer all our questions."

The registered manager was dedicated to providing a good service and was passionate about the people living there. They described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. They worked alongside staff to assess and monitor the culture in the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity throughout the inspection.

Staff spoke of clear leadership across the service and organisation. Staff told us the service was well organised and that the registered manager was approachable and supportive. Staff confirmed regular staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. A staff recognition scheme was in place which recognised people or teams who consistently made a difference to people using the service, or their colleagues.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. This included carrying out surveys to obtain feedback from people using the service, their relatives and staff. One person told us they completed a survey "Every couple of months". A visitor told us, "I am quite impressed and I would certainly recommend the home." We reviewed the results of these surveys. All contained positive feedback about the service provided, the staff and the registered manager.