

Avery Homes TH Limited

Alder House Care Home

Inspection report

172a Nottingham Road
Nuthall
Nottingham
Nottinghamshire
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06 July 2016

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 05 and 06 July 2016. Alder House Care Home [service] is a residential care home which can provide accommodation and personal care for up to 60 people.

This was the first inspection at this service, as it had been recently registered. At the time of our inspection the service had 33 people living there. The service was offered over three floors. The second floor specialised in supporting people living with dementia.

There was a registered manager in place and he was available during the inspection. 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 received safe and effective care from staff. Staff had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns.

People's care plans reflected their individual needs and personal wishes. People were involved in the development of their care plans and these were reviewed regularly.

Staff at the service were carefully recruited and were required to undergo a number of background checks prior to starting their employment. This helped to ensure only people with the required skills and of suitable character were employed.

People told us they received their medicines as prescribed. Staff were able to explain the process they follow when supporting people to safely take their medication. Records we checked confirmed this.

Staff received regular training and supervision and were able to reflect on the care and support they delivered and identified further training requirements.

The service encouraged feedback from all people involved with the service.

People were very satisfied with all aspects of the service provided and spoke highly of both staff and management. People received care and support from kind, caring and compassionate staff, who respected their privacy and dignity at all times.

People had confidence in the registered manager and the way the service was run. The vision and values of the staff team were person-centred and made sure people were at the heart of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

People received their medicines as prescribed.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

People were able to make choices about their support which staff respected.

Staff had received an induction and the training and supervision they required to carry out their roles effectively.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care as appropriate.

Is the service caring?

Good ●

The service was caring.

Staff were supportive, caring and compassionate towards people.

People were encouraged to make decisions relating to the care and support they received.

Staff respected and supported people in a manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that recognised and responded to their changing needs. People received a reliable and consistent service.

People's feedback was used to make improvements to the service and to plan activities.

People were able to raise concerns and these were responded to appropriately.

Is the service well-led?

The service was well-led

People, their relatives, staff, health and social care professionals were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good ●

Alder House Care Home

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.

We visited the service on 05 and 06 July 2016, this was an unannounced inspection. The inspection team consisted of two inspectors 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.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR 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. Prior to our inspection we also reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events which the provider is required to send us by law.

Local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health and social care professionals involved with the service were contacted to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with nine people who used the service, nine relatives, three members of care staff, a care coordinator, regional manager and registered manager. We looked at the care plans of five people who used the service and any associated daily records such as the daily log and medicine administration records (MAR). We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People we spoke with expressed confidence in the service and told us they felt safe receiving care. A relative said, "We have no concerns about safety at all." Another relative said, "I've never heard a raised voice." They also said, "I don't have to worry any more now [my family member] is staying at the home. I can trust that they are 100% safe and secure."

Staff were aware of the signs and symptoms of harm and told us they would report any concerns to a senior staff member or the registered manager. Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team. Further information on safeguarding including the contact details of local safeguarding authorities were available in key communal areas over the three floors.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

A relative told us that their family member was not overly restricted. They said, "There's the right balance between safety and independence." Care records contained risk assessments advising staff what the risks to a person were and how these risks could be reduced. Risk assessments had been completed for each person's level of risk, including nutrition and moving and handling. Risk assessments identified actions that were put into place to reduce the risks to the person and were reviewed regularly.

The staff we spoke with were able to explain how they managed risks to people's safety when supporting them. Staff were confident and clear in how they support people and relatives confirmed this. External healthcare professionals had also been involved in discussions and decisions about managing known risks. This meant that people were supported by a staff group that knew how to recognise when people were at risk of harm, what action they would need to take to keep people safe and how to report concerns.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

We saw that the premises were well maintained, safe and secure. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified. Call bells were working and within the reach of people.

A relative explained how staff are quick to respond to the buzzer (call bell) and that their family member sometimes uses it when they feel lonely at night. "[My family member] knows 24/7 that if worried or concerned about anything or [family member] just needs a chat, they (staff) come." The relative explained how their family member had buzzed at 02.00am and had tea and biscuits with the staff member who sat in their room and chatted with [family member].

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety. Staff had a good understanding of the whistle blowing policy and said they would use it if necessary. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Staff responded promptly to people's buzzers. One person explained how they press the buzzer in their room when they need a shower, in order to call staff. They also reported that on a few occasions they had to wait nearly 15 minutes, but that this was unusual. A relative said, "Staffing levels are ok." However, they went on to say that staff were not always sufficient staff to accompany their family member to hospital if they were not available to do so. We looked at the staff rota and found that there were consistent staffing levels on each shift to safely meet people's needs.

During our lunchtime observation we noted one person became agitated and needed the support of three staff to reassure them. This meant it left one member of staff to serve and support the remaining people with their lunch for nearly 25 minutes. This member of staff was kind and caring in the way she supported and served people, but wasn't able to get around to all of the people in time. Such incidents could occur again and better use of staff during key times on the second floor could reduce the chance of such incidents re-occurring.

Staff we spoke with told us they thought they had enough staff to keep people safe and meet people's needs. However, staff told us they would like more staff to allow them to spend more time with people. We observed that people received care promptly, however, we observed that the top floor lounge was not observed by staff at times which meant that there was a greater risk that people's request for assistance would not be responded to promptly.

We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

We looked at five medication administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had all been signed appropriately. Medicine was stored securely and in line with good practice with only staff having access to these. We observed the medication round and this was done safely and efficiently.

A relative told us they had no concerns about medicines management at the home. Another relative said, "They make sure [my family member] gets their medicines."

Staff who administered medication were given the training required to do this safely and their practise was assessed and audited regularly. Any errors in medication were recorded and appropriate action taken to reduce further incidents occurring. The home had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine should be administered. This meant that

people received their medication as prescribed.

People were protected against an unsafe environment. The service carried out regular health and safety checks of the environment to ensure people were safe from harm. We looked at records relating to the maintenance of the building and records relating to testing of equipment and found these were all up-to-date. There were regular processes in place to ensure safe water temperatures were maintained and people were protected from Legionella disease. Fire safety checks had been undertaken. Regular health and safety meetings were held to discuss issues and updates that departments within the service needed to be made aware of.

People told us their rooms are cleaned daily and thoroughly cleaned monthly, when beds and cupboards are pulled out and curtains and carpets steam cleaned. Rooms we visited were clean, tidy and spacious. This was further supported by a relative who told us that, "Once a month everything is pulled out." Another relative provided further evidence of this, saying that she had noticed, "How well kept everything is. it's always clean."

Is the service effective?

Our findings

People received effective care from staff that understood their needs. A person spoke about how effective their care was and said, "It's been lovely, They look after us." Another person said that the staff had been, "Very good to me." A relative said, "Staff are very capable." Another relative said, "We can't speak highly enough of the quality of care here."

Staff told us they had received an induction. A staff member said, "My induction was very interesting and in depth. It was a full week and included shadowing staff. I felt prepared to do my job. I received lots of good feedback from staff I worked with." Staff told us they had regular supervision and received sufficient training.

A staff member said, "I feel supported. I can raise issues and am listened to." We saw some completed supervision documentation which showed a range of issues discussed by staff. Training records showed that staff attended a wide range of training. Systems were in place to ensure that staff remained up to date with their training.

A relative said, "Staff respect people's wishes." Another relative said, "[My family member] is always given lots of choice." We saw staff asked permission before assisting people and gave people choices. Where people expressed a preference staff respected them.

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 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.

The requirements of the MCA were being followed. When a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed.

DoLS applications had been made for a number of people who used the service, however, we saw that two people had been identified by staff as being deprived and DoLS applications had not been made. The deputy manager confirmed after our visit that these had now been submitted. Staff knowledge of the MCA was good. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures..

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area. A staff member said, "If people are getting upset, we give them space and then talk to them about topics that interest them."

A relative said, "The food is really good and there is plenty to drink." A visiting professional said, "Staff are very good at ensuring people have enough to drink."

People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. Nutritional risk assessments had been completed and nutritional care plans were in place with actions to reduce the risks to people for example, choking. Staff had a good knowledge of those people that required additional support in this area. Where needed people were provided with a special diet. Throughout the day people were offered snacks and hot or cold drinks to remain hydrated.

In the dining room as people began coming in for lunch and as people were seated they were offered soft drinks and/or red/white wine/sherry. One person asked to see the bottle and the staff member happily brought it over. There was a nice atmosphere with friendly conversations and people enjoyed their lunchtime experience.

People were supported with other choices during lunch, one observation of this was the offer to change a person's chosen meal when they pulled a face indicating that they were not enjoying the food. The staff member was quick to respond. She then took the soup, the spring roll and salad starter to the tables as a visual representation of the choices, enabling the person to make a more informed choice. She repeated this process with the orange and blackcurrant juice drinks. However, this was not evident with the main course choices, which were only offered verbally.

A relative said, "[My family member] has been seen by the GP, falls team, chiropodist, hairdresser, optician and goes to the dentist." We saw there had been prompt referrals to other professionals when these were required. Documentation within people's care records provided evidence of the input of district nurses, chiropodists and GPs. When these professionals had provided recommendations or advice this had been implemented.

The registered manager explained that people were not always able to visit the GP or did not want to leave the home. The management arranged with the GP practice for there to be a weekly GP surgery held in the home. Meaning people were able to go to the doctors from their own home.

Another relative confirmed staff were quick to call outside services if needed, saying that they are, "Very proactive' and, "They don't wait for a situation to get worse before they action something."

Limited adaptations had been made to the design of the home to support people living with dementia. We observed a person who used the service struggled to identify where their bedroom was situated.

We found people's bedrooms were not clearly identified. Bathrooms and toilets were not clearly identified and there was no directional signage to support people to move independently around the home.

Is the service caring?

Our findings

People and their relatives alike expressed a positive attitude towards the service, one person told us, "The carers, they're amazing." Another person said, "[Staff name] is lovely, absolutely fantastic." A relative said, "Staff are caring." A visiting professional said, "Staff are attentive and incredibly caring."

Staff were kind and caring in their interactions with people who used the service. We saw people were happy and relaxed with staff and enjoyed their company. Staff had a good knowledge of people and their needs. A staff member told us they spoke with people and looked at their care records in order to understand their needs and preferences.

A staff member was supporting a person into the dining room, they got as far as the door and the staff member said, "You can do this I know you can, come with me." The person would not come in and the worker caringly said, "We got this far today, I'm so proud of you today," and walked the person back to their room, coming to fetch the tray of food for them. Another staff member guided a person in and said, "Give yourself a minute it's okay," encouraging them to take a minute before continuing.

In the dining room on the second floor we observed a staff member assisting a person with their lunch and there was little engagement from the member of staff towards the person. The person was being supported with a task, but we did not see them receive this in a positive caring way.

We observed that a staff member came in on their day off and brought in their pet dog. Many people held and stroked the dog and people began telling their own stories of owning dogs which brought many smiles. One relative then went on to say, "I think it's amazing, really lovely place, lovely staff." They then gestured and pointed to people's reaction. Another person told us, "[Staff name] really goes beyond the call of duty. Not that the other's aren't good at what they do. Nothing is too much trouble."

A relative shared with us that their family member really enjoyed helping staff on their tea rounds. It gave them purpose and feeling of being valued. When staff spoke with residents they usually gained eye contact, smiled and got down at their level, whilst or before talking.

Advocacy information was also available for people if they required support or advice from an independent person. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

A relative said, "Staff treat [my family member] with dignity and respect." We saw staff took people to private areas to support them with their personal care and saw staff knocked on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it.

We observed that people were treated with dignity and their privacy respected. Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. A staff member said, "When supporting people with personal care, I ensure the bedroom door is closed and curtains are shut."

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

A relative said, "They really involve people here." Staff told us how they promoted people's independence and we saw this taking place during our inspection. We saw a person who used the service helped a staff member to prepare drinks for people.

Staff told us people's relatives and friends were able to visit them without any unnecessary restriction.

Is the service responsive?

Our findings

People always received care that was responsive to their needs. We saw that staff responded promptly to people. A staff member said, "We have time to support people to get up or go to bed when they want to. We can also vary mealtimes if people want to eat at a different time." A relative said staff were, "Friendly and approachable, rushed off their feet."

A relative said, "People receive plenty of stimulation here. Lots of activities and everybody's involved. Painting, film shows and trips to local stately homes." A visiting professional said, "There's always an activity taking place. Music, exercise, art and craft, baking and entertainers come in." A staff member said, "Activities are brilliant here, the activities staff are always on the go." We saw a range of activities taking place during our inspection. Activities staff were enthusiastic, energetic and committed to encouraging people to participate in activities if they wanted to.

Each day the staff had produced the Daily Sparkle; a newsletter with a mix of reports on things long gone. This was shared with the residents in the lounge and some of them had been invited to read articles aloud.

There were activities and items of interest available for people to access at any time in order to occupy themselves as they chose. In the corner of one of the lounge areas there were a range of resources through which the residents could rummage. Some examples included twiddle mitts and blankets, jewellery, shoes, hats and some resources from the past. Twiddle mitts provide stimulation for people whose needs prevent them from being able to manage other activities, while resources from the past are useful for prompting memories and conversations. People were supported to enjoy seasonal celebrations together with support from volunteers, staff and relatives; such as a Christmas tree made out of knitted and crocheted squares, a knitted giant sized Easter egg, together with knitted hot cross buns. Relatives and professionals alike commented on the positive impact this had on people living in the home. These blankets were then donated to a local social enterprise café.

People at the service were benefitting from a national health and well-being programme which included the opportunity to exercise. The activity co-ordinator had won a National Award in recognition of her achievements in running this at the service. We read in the activity newsletter that one person had attended every class that took place since she had come to stay at Alder House. "She won't miss it for anything!" read the quote. The article then went on to say, "I normally have a nap after lunch, you know, being old, but I give it up to go to Oomph (Our organisation makes people happy) because I enjoy it so, I like the teacher, I like what she does, I like the crowd. I can't think of a negative really, It makes me feel more supple" and went on to say "I can move around more easily and I would miss it if it were gone." This activity initially ran a few times a week, however, due to the interest, it is now run daily.

People told us about the way in which staff will decorate the home for any special occasion, making an effort to transform the complex. They were eager to tell us about the outside music and banners on such occasions. One person said, "If there's something going on - they trim up, any excuse, brilliant with that." And another person added, "It's a laugh, lots of activities." People were invited but not pressured to take

part in the planning and running of these activities. A person told us, "They ask you if you want to join in, try to persuade, they're there to assist but don't push you too much."

People told us of the various activities run at the home and in the community. One of the staff members was a classically trained singer and had started a weekly dementia choir. People and their family members enjoyed reminiscing to music and discussing various styles and eras. This enabled people to reflect back and relive happy memories that promoted conversations with each other. Some other activities included regular trips to places of interest such as Newstead Abbey and Matlock, local primary school and secondary schools were involved in story telling activities and helping out in the garden. This showed us people were given opportunities to be involved in activities that avoided feeling isolated and that promoted well-being.

Every Monday the service hosted a Luncheon Club for the local people living in the community. This enabled social interaction for people who may not be able or may not want to go out, to meet with local people who live in the area. People developed new friendships which resulted in several of the lunch club members visiting regularly throughout the week.

The service used social media to share daily activities people took part in. The service used several tablets [mini computers that allow access to the internet which can also be used to take pictures] throughout the day, every day to capture what had been going on in the home and this was published on social media for families to see. This enabled those unable to visit due to time or location to stay in contact with day to day activities their loved one may or may not have taken part in. It showed how technology can be used creatively in a way that had a positive impact on not only those living at the service but reassurance to friends and family. These tablets were also used with applications for learning, reading the newspapers and video calls.

One person sported a badge which proudly announced them as the complex Buddy Champion. The person proudly explained that they would, "Show around new residents and I tell them what we think." Their family member explained how this had, "Made [family member] feel better, brought her out, I thought that was lovely." They also related how the staff would take photographs of the people enjoying the activities and put them on a social media site. [Family member] thought that this was, "nice, relatives living a distance away can look and see what's happening."

The home had large cinema room with large comfy chairs. The room had been used for watching films and more recently watching tennis. People and their families have used the room to make Skype/facetime calls to relatives not able to visit. Families also used the room to show their relative, wedding videos/photos.

A person told us about the many occasions when singers were visiting to entertain us. They explained that sometimes the upper floor went down but sometimes the lower floor were invited upstairs. As we spoke a staff member knocked and put their head around door to ask if it was alright to come in before entering. He had come to change the towels and asked how everyone was before quickly completing his task.

Each person had a range of care plans for their care and support needs such as personal hygiene, eating and drinking, mobility, and pressure ulcer prevention. Care plans were reviewed regularly and changed in line with people's changing needs.

Care plans were person-centred and contained information regarding people's life history and their diverse needs. Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us

A relative told us they had not been involved in discussions about their family member's care for over a year.

Another relative told us they had reviewed care with the previous manager but not the current one. Care records contained information which showed that people and their relatives had been involved in their care planning.

A relative said, "Staff are really responsive to any concerns that I have." They also said, "I'd be comfortable raising a complaint if I needed to." Complaints had been handled appropriately. Guidance on how to make a complaint was in the guide for people who used the service and displayed throughout the home, however, it did not contain information on how to access the local authority's complaints procedure if a person's care was also funded by the local authority.

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain clearly how they would respond to any complaints raised directly with them.

People and their relatives mentioned they were regularly asked for feedback about the support they received. This was done through general conversation, at reviews and residents meetings. We were informed annual surveys for the service were due to be sent out later in the year.

Is the service well-led?

Our findings

A relative spoke of the managements approach; recognising that there was a, "Common belief in what they are trying to do and that's to care, and they do." Another person told us, "You see the carers (care staff) here talking to residents," and "They become friends, an extended family." Another relative felt that the, "Care provided is first rate."

A relative told us they had attended a meeting for people who used the service and their visitors. Relatives told us that they had completed a survey regarding their views on the quality of care at the home. The registered manager told us that surveys were sent out annually and this was due later in the year. Another relative told us they had attended a number of meetings for people who used the service and their visitors.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service and staff acted in line with those values. A staff member said, "We're expected to provide a high standard of care and respect people's dignity."

The atmosphere of the home was comfortable and relaxed. A relative said, "It's a bright and cheery atmosphere." Another relative said, "It's like a five star hotel." A visiting professional said, "There's always a good energy here." Another visiting professional said, "Staff are very friendly and welcoming."

We saw that the registered manager responded well to people when needing support and people had commented on how warm, supportive and responsive he was. The registered manager explained he likes to have an open door policy and this was confirmed by people and staff at the service.

Relatives told us that the registered manager was approachable and listened to them. Staff told us they felt the leadership of the home was excellent. They told us that the registered manager was approachable and listened to them. A visiting professional said, "The manager is brilliant." A staff member said, "I have taken issues to the manager and they have helped me a lot." Another staff member said, "The manager always goes around the home, talking with people and checking they are ok."

One person had been at the home since before the current manager took up his position. Their relative reported that, "Staff levels and food are much better since the new manager." She reported that, "You can just ring up and say I need to see [manager's name], he is very approachable, very. All the family is well pleased since [manager's name] came."

Another person told us that, "His door's ever [always] open' and a relative said, "He's actively around the home. He doesn't manage from behind the desk." A relative also told us you, "Never see any agency [staff member] here." Staff also told us that they received constructive feedback to support them to improve the quality of care they provided for people.

A health professional that visited regularly said in their opinion, "The care home on the face of it appears a

good organisation but a large amount of time is spent on documentation which does not add to resident's care." No other health professionals raised this as a concern.

A social care professional told us, "My client and their family expressed to me that they were very satisfied and happy with the level of care provision service by care staffs and management of Alder House." They went on to say, "From my observations at many ad hoc visits undertaken at Alder House I am of the view that Alder House is a high quality standard care home provider. The level of cleanliness, environmental organisation and home keeping was very high standard and residents appeared contented and settled within a very caring setting."

There were systems in place to ensure policies were in place and up to date and available to staff. There were processes in place to manage adverse incidents such as safeguarding concerns, complaints or accidents.

The registered manager told us they regularly met with their area manager to discuss best practice for the home. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received.

We saw that regular audits were carried out by the management and representatives of the provider. The provider had an effective system to regularly assess and monitor the quality of service that people received. The registered manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety. Any issues were highlighted and actioned appropriately.

Staff told us they felt supported by the registered manager and felt they were able to share any suggestions or ideas they had and that they would be listened to. When we asked the registered manager for information about their service they were able to give clear answers to questions and produce evidence when needed. There were regular staff meetings that took place which gave staff and management the opportunity to discuss and share progress about the service.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about. This included allegations of harm and any serious accidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The service had clear values which were documented and demonstrated throughout our inspection by the registered manager and the staff alike. Staff had a clear understanding of the provider's vision and values for the service. These were to make people's lives enjoyable and comfortable whilst feeling safe and supported by staff that cared about the impact they had on people's lives.