Cedar Care Homes Limited

Aabletone Nursing Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 27 July 2015 and was unannounced. The service was last inspected in April 2013 and met with legal requirements.

Aabletone care home is registered to provide nursing care for up to 46 people. There were 41 people at the home on the day of our visit.

There was a registered manager for the service. 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. The registered manager was on leave on the day of our inspection.

Although they conducted a DBS check the provider's recruitment systems had failed to pick up that one staff

Summary of findings

member only had character references, and did not have a reference from their previous employer. This meant there was a lack of assurance that the staff member was suitable to fulfil their role.

We have made a recommendation about the providers recruitment procedures

People who lived at the home told us they always felt safe there and that staff treated them properly. Where risks to people were identified suitable actions were put in place to reduce the risk of people being harmed when receiving care. The risk of abuse to people was minimised because staff were trained to understand what it was and how to report suspected concerns. People were supported by enough staff to provide them with safe care. Staffing numbers were adjusted when needed. For example when people required more support with their care due to changes in their health.

Staff were caring in their approach to people when they assisted them with their needs. One person said “They can’t do enough for you they are all wonderful”.

People were supported to eat and drink enough to be healthy and menus were planned based on what people liked. People spoke highly of the food that they were served at the home. One person said, “It is like proper home cooking”.

People’s legal rights were protected because the provider had a system in place so that the requirements of the Mental Capacity Act 2005 were implemented when needed. This legislation protects the rights of people who lack capacity to make informed decisions.

People were able to take part in individual activities as well as group ones. People told us that entertainers performed at the home regularly and they went out for trips into the local area.

People’s care plans clearly explained how to meet their care and support needs. People were able to be involved in the writing of their care plans. Families were also consulted to find out information needed to ensure people received care and support in the way they preferred.

People were supported with their physical health care needs and the staff consulted with external healthcare professionals to get specialist advice and guidance when required.

Staff felt they were properly supported in their work. People who lived at the home and the staff said they felt they could approach the registered manager at any time.

There was a system in place to properly check and improve the quality of the service. Audits demonstrated that regular checks were undertaken on the safety and quality of the service.

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?

Requires Improvement

Some aspects of the service were not safe.

The provider's recruitment system had not been fully followed in relation to the type of references obtained for a new member of staff. This meant there was a lack of assurance about the new employee's suitability for their role.

Peoples medicines were managed safely and they were given them at the times they needed them.

People were cared for by staff who were trained to understand how to recognise abuse. Staff knew how to report concerns if they suspected someone was at risk.

Is the service effective?

Good

The service was effective

Staff understood how to provide suitable care and support and people told us staff provided them with the assistance they required.

People were supported with their physical and mental health needs by specialist health care professionals when required.

The staff followed The Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards if this was required so that people's rights were protected.

Is the service caring?

Good

The service was caring.

People told us staff were caring and kind to them. The staff treated people in a kind and friendly manner when they assisted them.

Staff respected the privacy of people who lived at the home.

Care plans showed people and their families were involved in planning how they wanted to be assisted with their needs.

Is the service responsive?

Good

The service was responsive.

Care plans clearly showed what actions to follow to support people with their range of care needs

People were supported to take part in a variety of social and therapeutic activities that they told us they enjoyed.

People's views and the views of their families were sought. Surveys were undertaken and the results and information were used to improve the service.

Summary of findings

Is the service well-led?

Good

The service was well led

People knew the registered manager and said they made time to see them every day. They said the registered manager was approachable and they could see them whenever they needed to make their views known.

The care and service people received was properly checked and monitored to make sure it was safe and suitable. The quality checking system was kept up to date and was used to improve the service where needed.

Aabletone Nursing Home

Detailed findings

Background to this inspection

This inspection took place on 27 July 2015 and was unannounced. 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.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 27 July 2015 and was unannounced. The inspection was carried out by one inspector.

We spoke with twelve people who lived at the home. We also spoke with seven members of staff and two senior managers who came to the home to assist with the inspection. We looked at four people's care records. We observed care and support in shared areas and also looked at records that related to how the home was managed.

Is the service safe?

Our findings

The provider's recruitment procedures had not been fully followed for one new member of staff. This was because the professional reference that had been obtained was from a client who used the service they had worked for. There were no references from a previous employer. This meant that the suitability of the person to fulfil their role had not been properly checked before they started employment.

The provider's recruitment process was managed centrally and checks and references were obtained before staff commenced employment. The staff told us that they had checks carried out before they started employment at the home.

Everyone we spoke with said that they felt safe living at the home. Examples of comments people told us were "I feel safe and none of the staff are ever unpleasant", and "I feel very safe here".

There was a system in place to minimise the risks of abuse in the home. Staff were able to tell us what the different types of abuse were that could happen to people. The staff also knew how to report concerns about people. The staff said they felt able to approach the registered manager if they were ever concerned about someone.

Staff told us they had attended training about safeguarding adults. Staff told us that the subject of safeguarding people was raised with them at staff supervision sessions. This included making sure that staff knew how to raise any concerns.

Staff understood what whistleblowing at work meant and had attended recent training on the subject. The staff were able to tell us that they were protected by law if they reported suspected wrongdoing at work. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact.

A copy of the provider's procedure for reporting abuse was displayed on a notice board in a shared area in the home. The procedure was written in an easy to understand format to help to make it easy use. There was other information from the local authority advising people how to safely report potential abuse. The registered manager reported safeguarding concerns appropriately. Notifications had been made when required to Care Quality Commission and the local safeguarding team were informed when required.

The people we spoke with told us they thought there was usually enough staff on duty to care for them. However, people also told us that recently there had been a shortage of staff. They said this had led to staff sometimes seeming to be "rushed" and "in a hurry". One person told us they had told the registered manager how they felt. We saw evidence that the provider had recently recruited three new staff to make up for the shortfall in numbers.

Our observations showed there was a sufficient number of staff to safely meet the needs of the people living at the home. This was evidenced in a number of ways for example; staff provided one to one support to people who needed extra assistance with eating and drinking. Staff were readily available when people needed two staff to assist them with their mobility needs. Staff also sat with people and engaged them in social conversation when they were not providing them with their care.

One of the senior managers told us the numbers of staff needed to meet the needs of people at the home were adjusted whenever it was required. For example when people were physically unwell and required extra care.

Risks to people were identified and action taken to keep people safe where needed.

Detailed risk assessments had been written and were reviewed to ensure they were up to date. These addressed areas that included mobility and the need for bed rails. People with specific health conditions such as a risk of developing a pressure ulcer also had a risk assessment in place. These set out what actions were needed to reduce the likelihood of this happening. Another example was a risk assessment had been put in place after one person had experienced a fall. To mitigate future risks action had been taken to provide clear guidelines on how to support the person to move safely. The records showed that the registered manager looked into each incident and occurrence. They looked for patterns and trends and better ways to reduce risks to people. For example, infection control procedures had recently been updated after a recent audit.

Medicines were managed safely and staff ensured people were given them at the times that they were needed. We

Is the service safe?

saw the two nurses on duty gave people their medicines by following a safe procedure. The nurses checked they were giving the right person their medicines. They spoke to each person and explained what they wanted to give them and what it was for. The nurses stayed with each person while they took their medicines. The nurses followed safe practice and signed the medicines record to confirm medicines were given. Medicine administration records were accurate and up to date and showed when people were given their medicines or the reasons why they had not had them. Medicines were stored securely when not required and access to medication was restricted to nurses who gave people their medicines. Daily temperature checks of the room and fridge used to store medicines in were carried out. These showed that they were kept at suitable temperatures.

The home environment looked safely maintained in the areas we saw. Potential environmental health and safety risks were identified and suitable actions put in place to reduce likelihood of harm and to keep people safe. For example, there was guidance in place that was prominently displayed about how to use the lift safely. Regular checks were undertaken and actions put in place when needed to make sure the premises were safe and suitable. Checks were carried out to ensure that electrical equipment and heating systems safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked. Maintenance staff were checking the fire alarms on the day our visit.

We recommend that the service consider current guidance in relation to recruitment practices for new employees.

Good

Is the service effective?

Our findings

The people we spoke with were positive about how they were being supported at the home. One person told us "They are very very good and can't do enough for you ". Another person had a positive view of the way they were assisted but also said " Some staff are utterly fantastic and some are not as good". The person concerned said that staff that were in their view not as good but still provided a satisfactory service to them.

The staff told us how they provided people with support and assistance with their care. They said they were allocated a small group of people to support at the start of a shift at the home . They said this helped ensure people received an individualised service centred on each person's personal needs. This was because they got to know the people they supported very well. Staff we spoke with understood the needs of people they were looking after.

Every person we spoke with had a positive view of the meals they were served at the home. Examples of comments people told us included "The food is lovely", and "The food is home cooked and sometimes there's too much of it". People told us other choices were always available if they did not want the main meal option. We saw the chef made one person porridge at lunchtime as this was what they wanted.

One person required a high protein diet for their specific health needs. The person was offered a suitable meal at lunch. Staff sat with people who needed extra support to eat their meals. Staff prompted and offered encouragement to people.

The daily menu was on display in shared areas of the home. This was to help people to know what meals were available that day. The menu was available in picture format to help people to know what meals were on offer each day.

The chef told us they understood how to meet the nutritional needs of older people. The chef demonstrated knowledge about how to meet the nutritional needs of people who required special diets due to their health needs. They gave us some examples of special diets they prepared. These included high protein diets, low sugar diets and special texturised food.

People's care records contained guidance about how to support people with their nutritional needs and guidance about how to provide support to eat healthily. The staff training records showed that staff had been on training courses to help them to support people effectively with nutritional needs.

Staff were able to tell us about the Mental Capacity Act 2005 and confirmed they had attended training. The Mental Capacity Act 2015 aims to protect people who may not be able to make some decisions themselves. The staff told us how the principals of the Act included respecting the right of peoples in care to make unwise decisions and assuming they had capacity unless they had been assessed otherwise.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people they supported at the home. DoLS are put in place to ensure sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way and only when in the best interests of the person. We saw that four applications had been made by the home for DoLS best interest meetings were held and the correct processes were followed.

Peoples were supported with their health needs by health professionals such as the GP and other health and social care professionals who came to the home when needed. Care plans had been updated to reflect changes required based on health care professionals' advice. We saw in peoples care records that if their health had deteriorated staff had responded promptly and called the GP The care records also showed that a GP carried out regular health checks with people to on their physical health and wellbeing. A dietician, physiotherapists and chiropodists also provided assistance and guidance when required.

We observed that there were bedrooms on each floor of the home. There was lift and stair access to each floor. The building was wheelchair accessible. Bathrooms had special baths in place to make it easier for people who had reduced mobility to get in and out of.

The staff we met all told us that they had one to one support sessions with the nurses or the manager. This meant people were cared for by staff who were properly

Good

Is the service effective?

supported in their work. Records showed that staff were having regular one to one supervision sessions. The supervision records that we looked at demonstrated staff were well supervised and supported.

Staff were provided with training and development to help them support people effectively. Staff spoke positively about the training opportunities they undertook. They said they had been on training in subjects relevant to people's range of health needs. The training records confirmed staff had been on training in a range of relevant subjects. These included wound care, nutritional support, infection control, health and safety food hygiene, first aid and medicines management.

New staff were trained and supported to help them to be able to fulfil their role. The staff induction programme covered a range of areas that included how to provide people with personal care, safeguarding adults and understanding mental capacity.

Good

Is the service caring?

Our findings

People we spoke with had positive views of the care they received at the home. One person told us “The staff are marvellous and can’t do enough for you “. Another comment was that the staff were “Not too bad at all”.

The staff were kind and caring in their approach to people they assisted. The staff spoke in a calm and discreet way to people and anticipated people’s needs. For example, staff prompted people who needed help with personal care in a discrete way.

There were positive interactions between people and the staff. They laughed and joked with people in a gentle way. People looked animated and relaxed in their responses.

We observed that staff provided people with suitable support with their care. Staff used mobility aids in a safe way and talked to people they assisted. Staff made sure people were sat in a comfortable position before they had lunch. We also saw staff assisted people who were being cared for in bed. The staff spent plenty of time with people and encouraged them to eat and drink enough. Staff also checked on people who were in bed regularly and helped them to be in a comfortable position.

We observed lunch being taken to people who were in their rooms. The staff members knocked on doors and were caring in manner. They spent a time talking to people explaining what their meals were. One person did not want the choices of meals offered to them and a member of staff offered an alternative to them. The member of staff was calm and kind in manner and provided an alternative choice.

The staff demonstrated in conversations with us that they had an understanding about each person’s needs. Staff were observed assisting people in a way that demonstrated they were caring when they helped people to meet their needs. This was evident in a number of ways, for example the staff used a calm approach with people who were anxious. They also used gentle humour and encouragement to motivate people with their care

People told us they spoke with the staff and the registered manager about their care and support. Care plans reflected these discussions and showed people were involved in planning and deciding what sort of care and support they received. There was also confirmation that families were consulted about their care where it was appropriate to ask them.

There was an enclosed garden where people could walk safely. There were quiet rooms and different lounge areas. People were seated in the different shared areas in the home. This showed people were able to have private space. There were adaptations put in place to support people with mobility needs and to help promote their independence throughout the home.

Bedrooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely for the person concerned.

Care plans included information about what name people preferred to be known by, and we saw that staff used these names.

Information about a local advocacy service was prominently displayed in a shared area of the home. Advocacy services support people so that their views and wishes are properly heard and acted upon when decisions are made about their lives.

Care plans included information about people’s preferences for when they reached the end of their life. There were funeral plans in place to make sure staff were knew what peoples wishes were after their death.

Good

Is the service responsive?

Our findings

People took part in a variety of social activities and events that were arranged for entertainment and stimulation. The activities coordinator spent time during the day with people who were in their bedrooms, they spent time talking with them. In the afternoon we saw people were given pampering treatments. A classical music DVD was put on for people to listen to. We heard people sing along to the music.

There was a notice on display informing people about forthcoming events and activities. We also read a copy of the home's newsletter. We saw this was used to update people, their relatives and friends about the way the home was run. It was also used as a way of asking people to tell the provider what they felt about the service.

The staff were able to explain to us about people's individual preferences and daily routines. These included when people liked to get up and how they liked to spend their day. The staff provided support to people using different approaches and at different times during the day. We heard the staff ask people when they wanted to be assisted and what sort of help they would like.

There was information in people's care records about their preferences in relation to their care and their personal life history. Staff told us this information helped them to get to know the person and their needs. The information in the care records we saw clearly explained what care each person required and what actions were needed to support each person to meet them. The staff had identified people's nursing care needs and written what actions were required. For example, people whose skin integrity was vulnerable to breaking down had a care plan in place to show how to try and keep it healthy. This included nutritional guidance, what type of mattress the person needed and how to assist the person to move when they were in bed. We saw that care plans were being reviewed and updated regularly. This helped show peoples' needs were reviewed and monitored and staff were able to meet people's full range of care needs.

Staff told us how they responded to complaints and understood the complaints procedure. A relative told us that if they did have a concern they were confident the registered manager would address the matter promptly. People and their relatives were given a copy of the complaints procedures when they came to the home. We saw people were relaxed in manner when approaching the registered manager. We heard people talk about a range of matters with them. This showed the registered manager was approachable if people needed to make a complaint. There had been two complaints since we last visited; both of these had been properly addressed by the provider and the registered manager.

The people who we met told us they would make a complaint to the manager or staff. We saw a copy of the complaints procedure in the hallway. The procedure includes the contact details of the providers of the service. This means people can contact the provider if they need to complain. We saw the minutes of 'residents and relatives meetings' that took place in the home. The meetings are a way people can raise any concerns they may have.

Good

Is the service well-led?

Our findings

We observed people were relaxed and comfortable to go to the office at any time. Staff responded attentively when people wanted to see them and gave them plenty of time. People's visitors went to the office to speak to staff and were welcomed in. We read in the care records how the registered manager met with people and or their relatives on a regular basis. They had used these meetings as an opportunity to find out what people felt about the services they received. We saw people were offered the chance to meet with the manager regularly.

The registered manager completed a monthly audit of a different aspect of the home such as care planning, and management of medicines. This process was to find any shortfalls and puts in place action to address them. We saw the information that had been obtained from a recent quality-monitoring audit. For example, the number of falls which had happened each month were monitored. Actions were put in place to reduce them and this was written into people's care records.

The provider had a quality checking system in place to monitor the quality of the service people were receiving. There were regular audits undertaken looking at the quality of care people received and how the home was run. Areas that had been audited included care planning, the overall quality of care, management of medicines, health and safety, and staff training. Where shortfalls were identified, we saw that the provider and manager devised an action plan to address them. For example, reviews were carried out and care plans updated after people had a fall at the home.

Monthly visits had been completed by a senior manager to check on the quality of the service and run ensure planned improvements were put in place. For example, it had been identified that there was a need to check that all staff supervision was up to date. The registered manager had acted upon this and ensured that staff were supervised and supported regularly.

Staff were able to tell us what the visions and values were for the organisation they worked for. They told us a key value was to provide a personalised service and to care for people in the way that they wanted to be looked after.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.