

# Glenfields Care Home Limited

## Alderson House

### Inspection report

70 South Marine Drive  
Bridlington  
YO15 3NS

Tel: 01262417000

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20 February 2023

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Alderson House is a residential care home providing personal care to up to 27 people who may be living with dementia or mental health needs. At the time of the inspection, 13 people were using the service.

### People's experience of using this service and what we found

Risks to people's safety and wellbeing had not always been assessed, recorded and mitigated and care plans were not always up to date. People's medicines were administered safely by knowledgeable staff, but protocols for 'as and when' required medicines were not always in place and medicine storage temperatures were not always effectively monitored.

Quality assurance systems had not identified or addressed all the shortfalls found during the inspection which included servicing of lifting equipment, medicines protocols, care records, risk assessment and care planning including consent records.

Staff recruitment processes were safe and the provider had reviewed and updated their procedures relating to volunteers, contractors and other visitors to the service to ensure they were safe to be around vulnerable people. There were enough staff on shift to keep people safe and to meet their needs in a timely manner. Staff understood their responsibility to report safeguarding concerns and any concerns had been reported to relevant professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; although the policies and systems in the service did not always support this practice.

People gave positive feedback about the variety and quality of the meals. Staff were knowledgeable about people's specific dietary needs and provided appropriate meals. Where people's fluid intake needed closer monitoring, records were not always fully completed. Staff were kept updated about changes in people's needs and referrals to health care professionals were made in a timely manner.

Staff were kind, caring and respectful and had received an induction and training appropriate for their roles. We received positive feedback about end of life care provided by the service and saw a wide range of activities were available to help people maintain their emotional well-being.

Systems were in place to gather feedback from people, their relatives and staff to develop the service. Staff were positive about how they were supported by the provider and the registered manager. The provider and registered manager were open and honest about how the service was operating.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

This service was registered with us on 14 April 2022 and this is the first inspection.

## Why we inspected

This inspection was prompted in part by notification of an incident regarding an informal volunteer at the service. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk regarding recruitment processes and ensuring people were suitable to be on site with vulnerable people. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. However, we did find other areas of concern. You can see what action we have asked the provider to take at the end of this full report.

## Enforcement and Recommendations

We have made recommendations regarding medicine processes and systems for consent and the Mental Capacity Act 2005.

We have identified breaches in relation to assessing risk, quality assurance systems and complete and accurate records at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Alderson House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 2 inspectors on the first day and 1 inspector on the second day.

#### Service and service type

Alderson House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alderson House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We looked at information sent to us since the last inspection, such as notifications about accidents and safeguarding alerts. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding and contract teams for feedback. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 members of staff including care staff, senior staff, the chef, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 2 people who used the service, 4 relatives and observed staff interactions.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for 4 people and medication administration records for 2 people. We looked at 3 staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Systems were in place to maintain the safety of the building and equipment. However, we found a short period of time when hoists and slings had not been serviced in line with requirements which meant the provider could not be assured lifting equipment was safe to use at that time.
- Care plans and risk assessments were not always in place to support staff to mitigate risks to people's health, safety and wellbeing. For example, we found people who used catheters did not always have care plans and risk assessments in place which meant staff did not always have access to guidance on how to meet this need and manage associated risks such as infections and blockages.
- Care plans and risk assessments which were in place, did not always contain detailed guidance and did not always accurately reflect people's needs.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to assess and mitigate risks to people's health, safety and wellbeing. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people and their needs well, including risks to their health, safety and wellbeing and how to manage these risks.

### Using medicines safely

- People's medicines were administered safely by trained and competent staff.
- Staff knew when people needed their 'as and when required' (PRN) medicines. However, there was a lack of protocols to guide staff when they should be administered. We raised this with the registered manager who addressed this during the inspection.
- Systems were in place to monitor the temperature medicines were stored at. However, records were not fully completed. We raised this with the registered manager who advised they would address this with staff.

We recommend the provider reviews and updates their governance systems to ensure shortfalls in medicine records can be identified and addressed in a timely manner.

### Learning lessons when things go wrong; Staffing and recruitment

- Following an incident, the provider had learnt from it and reviewed and amended their processes for the validation of volunteers, contractors and other visitors coming into the service to ensure their suitability to be around vulnerable people.
- Accidents and incidents had been appropriately responded to and reported on the provider's monitoring

system. Action was taken to reduce the risk of them happening again.

- Systems were in place to ensure the safe recruitment of staff. However, records of staff employment history were not always completed. We raised this with the registered manager who provided assurances during the inspection.
- There was sufficient staff to keep people safe and to meet their needs in a timely manner. Processes were in place to review and adjust the number of staff needed to keep people safe. One person told us, "There is enough staff on duty. If you ring the bell, they come within five minutes or so. I usually have a portable bell with me but staff always around though."
- Agency staff were used to support safe staffing levels when needed. Relatives told us there can be a lot of agency staff at times. However, they did not feel this had negatively impacted people and commented there was on enough staff on duty, and they were present in communal areas.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable, identified safeguarding concerns and reported concerns appropriately to reduce the risk of abuse to people.
- Staff felt confident they could report any concerns to the management team, and they would be addressed.
- Safeguarding concerns had been reported to relevant professionals.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visitors and staff worked flexibly to facilitate visits. Changes were made to visiting processes in the event of an infection outbreak which reflected national guidance.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent and respected their decisions to live their lives in the way they wanted. One person said, "There's no rules or restrictions. Staff tell me I can do what I want."
- Staff were knowledgeable about the MCA, though records of consent, capacity assessments and best interest decisions were inconsistent in quality and not always in place.
- Restrictions on people's liberty were recognised and applications to deprive people of their liberty had been made. However, systems in place to monitor DoLS applications and authorisations were not robust and did not support staff to meet conditions of DoLS.

We recommend the provider reviews their systems and processes to ensure records relating to consent and the MCA are detailed and systems relating to DoLS allow for effective oversight and support them to meet all conditions.

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

- People's needs were assessed prior to using the service. However, assessments were not always fully completed which meant some information about people's needs was not available to create care plans to guide staff to effectively meet them.

Supporting people to eat and drink enough to maintain a balanced diet

- We received positive feedback about the quality of the meals and saw people were given generous portions.
- People were supported to have a varied and balanced diet and different meal options were available. One person said, "I have lots of likes and dislikes and the chef is obliging, they will give me something palatable if I don't fancy what's on the menu."
- People's dietary needs were catered for. Staff were knowledgeable about people's specialised diets and the support they needed.
- Food and fluid monitoring records were in place for those needed them. However, we found these were poorly completed and meant risks of malnutrition and dehydration could not be effectively managed. We raised this with the registered manager who sent us an action plan detailing how they would address this following the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people well and recognised changes in their health and well-being and contacted relevant healthcare professionals.
- Staff worked with and sought advice from healthcare professionals. However, care plans were not always updated following professional advice.
- 'Safety huddles' were held on a daily basis which ensured staff had access to accurate information about people's health and well-being and supported them to effectively meet people's needs.

Staff support: induction, training, skills and experience

- Processes were in place to ensure staff had the required skills and knowledge to meet people's needs. Staff completed training, their competency was checked, and they received supervision.
- Staff received an induction which included shadowing more experienced staff and completing mandatory training. We received positive feedback from staff regarding their induction and the quality of the training.
- Staff were supported by the management team. We received positive feedback from staff about the support and guidance they received from the nominated individual, the registered manager, and the staff team.

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

- People benefitted from the facilities which were large, well maintained and comfortable for people to use. There was a number of large communal areas, good sized bedrooms and ensembles. A relative said "Facilities are amazing" and a person told us their bed was warm and comfy. They also told us how they liked to watch people on the beach from the bar area.
- People could personalise their bedrooms. Where people wanted to, photos and other personal items had been displayed to help people feel more comfortable.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and respectful. Relatives told us, "Staff are really good, very nice and helpful" and "We love how the staff care, it's very genuine. We would give staff 8/10. They listen and are so kind to our relative and us all." □
- Staff were attentive to people's needs. We saw positive interactions between staff and people using the service. People appeared comfortable when staff were present. A person told us, "I am happy with care. Staff are nice enough, they're all individuals, I make them laugh and we get on well." A healthcare professional told us, "The people that I have had contact with appear happy and content and have built good relationships with the members of staff."
- Staff were trained in equality and diversity which promoted respect and understanding of people.

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

- People and their relatives were involved in decisions about their care. People said, "Staff are always polite and ask me about the help I need" and "They ask me about the support I need." A healthcare professional told us, "On many occasions I have witnessed staff asking people what they would like to do, would they like to sit in the day room, would they like to have lunch in the dining room or within their own rooms?"
- Staff respected people's decisions and worked hard to facilitate people's choices. A relative told us, "[Person's name] wanted to live elsewhere. They were only there a couple of days before they wanted to come back here. I contacted the manager and they arranged everything for the transfer. They were very supportive about everything."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff maintained their privacy and dignity. A relative said, "Staff knock on the bedroom door before entering and they are mindful of dignity at all times."
- Staff shared important information about people and their needs with each other in ways which maintained people's confidentiality and did not use identifiable information.
- People's private information was stored securely and could only be accessed by those with permission.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us people had choice and control of their care.
- Staff were knowledgeable about people's personal routines. However, care plans did not consistently contain detailed information about people's routines, their interests and personal histories. We raised this with the registered manager who sent us an action plan following the inspection about this with would be addressed.

We recommend the provider reviews their systems for gathering and recording information about people's individual needs and preferences to promote personalised care and support and systems for gathering and recording information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs and provided information in a way they could understand.
- People's communication needs were recorded in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A wide range of activities were available for people to participate in if they wished which promoted people's social and mental well-being.
- For people who did not want to engage in group activities staff spent time talking with people and doing activities of their choice.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate, respond to and address people's concerns and complaints. Complaints had been investigated, apologies were offered, and changes made to resolve issues.

End of life care and support

- Staff provided compassionate care to people at the end of their lives and this extended to their families.

Relatives spoke positively about their experience of end of life care and told us a bed had been provided for their comfort so they could be with their loved one. A relative said, "They were really kind and sensitive to the whole situation."

- Staff worked closely with relevant healthcare professionals to ensure anticipatory medicines were available to help maintain people's comfort and dignity.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance systems needed further improvement. A wide range of audits were in place; however, they had not identified the shortfalls we found with medicines, equipment safety, consent and MCA records, DoLS and admission assessments.
- Systems had identified shortfalls in care planning, risk assessing and records regarding people's care. However, sufficient action had not been taken to address the issues and shortfalls continued to be found during the inspection.

The provider had failed to ensure governance systems were robust and effective to identify and address shortfalls in the service to maintain compliance with the regulations. They had not ensured accurate records were kept about care provided to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- We received positive feedback about the registered manager and the culture they promoted. Staff told us they were supported by the registered manager and the provider. A healthcare professional said, "I feel [Registered manager's name] is very approachable. They appear focused at providing high-quality care and is very confident. They are happy to ask for advice regarding current practice and how practice could be enhanced."
- Staff treated people with dignity and respect. We received positive feedback from people and their relatives about the care people received. One person said, "Staff knock on the door before they come in."
- Staff worked closely with other organisations to help ensure people received the support they needed. A health care professional said, "All members of the team; managers, senior carers and carers are extremely approachable. I feel I have developed a good working relationship with them, they have a positive attitude and are always keen to improve the care they deliver."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- We found the provider and registered manager were knowledgeable and transparent about how the service was operating and where they were working to make improvements.

- The provider and registered manager understood their responsibilities under the duty of candour. They had notified people and their relatives of any serious injuries or shortfalls in the safety and quality of the service and action they had taken to uphold the duty of candour.
- People and their relatives were included in the development of the service. Feedback was analysed and where issues were identified, changes had been made to help resolve them.
- Staff meetings were held to share any changes to people's need and the service with staff. This also included any lessons learnt from accident and incident monitoring and any areas for improvement.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to have effective systems in place to assess and mitigate risks to people's health, safety and wellbeing and had failed to ensure the safe and proper management of medicines.</p> <p>Regulation 12 (1)(2)(a)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and mitigate risks, improve the quality and safety of the service, had failed to keep accurate records and had failed to ensure compliance with the regulations.</p> <p>Regulation 17 (1)(2)(a)(c)</p>