Aldbourne Nursing Home Limited

Aldbourne Nursing Home

Inspection report

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Ratings

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

Overall summary

Aldbourne nursing home is privately owned and provides accommodation, nursing and personal care for up to 40 people. At the time of our inspection there were 29 people living there. The home also provides short term respite care to people and their families requiring a break. The home is within walking distance of the centre of Aldbourne village with which it has active community links.

The inspection took place on 7 and 11 May 2015. This was unannounced inspection. During our last inspection in November 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

A registered manager was employed by 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.

Summary of findings

The registered manager, matron and staff had knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Whilst necessary Deprivation of Liberty Safeguards applications had been, or were in the process of being submitted by the provider, the requirements of the Mental Capacity Act were not always followed when assessing people's capacity to make decisions.

We looked at four care plans and found that guidance did not always reflect people's current needs and identify how care and support should be provided. This meant that people were at risk of inconsistent care and/or not receiving the care and support they needed.

Audits were carried out periodically by both management and key staff. Whilst there were systems in place to monitor the quality of the service provided, where areas for improvement were required actions to address these had not been identified.

People praised the staff and registered manager at Aldbourne nursing home for their kindness and compassion. People said they had developed caring relationships with staff and were treated with dignity and respect.

People told us they felt safe living at Aldbourne nursing home and they were well cared for. Systems were in place to protect people from abuse. Staff knew how to identify if people were at risk of abuse and what actions they needed to take to ensure people were protected.

Staff understood the needs of the people they were supporting. Care and support was provided in a considerate and compassionate manner. Staff took time to talk to people. Activities were provided which included yoga, day trips, quizzes and arts and crafts.

Staff were appropriately trained and understood their roles and responsibilities. The staff had completed training to ensure that the care and support provided to people was safe and effective to meet their needs. Staff received a comprehensive induction and training to support them to carry out their roles correctly.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Good

This service was safe.

People's safety was promoted as staff knew how to recognise signs of potential abuse and knew how to report safeguarding concerns.

There were arrangements in place to ensure that staffing levels had the right mix of skills, knowledge and experience to meet people's individual needs.

There were systems in place to ensure that people received their medicines safely.

Is the service effective?

Requires Improvement

This service was not always effective.

Whilst necessary Deprivation of Liberty Safeguards applications had been, or were in the process of being submitted by the provider the requirements of the Mental Capacity Act were not always followed when assessing people's capacity to make decisions.

People's day to day health needs were met. People had access to healthcare services and where required received on-going healthcare support.

People were supported to have enough to eat and drink. Where required, people had access to specialist diets.

Is the service caring?

Good

This service was caring.

Staff treated people in a caring, compassionate and respectful way.

Staff spent time talking to people about their interests and what was going on during the day.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff supported people to make their own decisions about their day to day life.

Is the service responsive?

Requires Improvement

This service was not always responsive.

People's care and support plans did not always reflect people's current needs and identify how care and support should be provided. This meant that people were at risk of inconsistent care and/or not receiving the care and support they needed.

People said they were able to speak with staff or the manager if they had a complaint. They were confident their concerns would be listened to and appropriate action taken to resolve their issues.

Summary of findings

Staff ensured that people were not socially isolated. There were opportunities for people to take part in social activities.If people did not wish to participate, staff would sit and chat to people in their rooms.

Is the service well-led?

Requires Improvement 

This service was not always well-led.

Whilst there were systems in place to monitor the quality of the service provided, where areas for improvement were required, actions to address these had not been identified.

Regular staff meetings took place and staff confirmed they were able to express their views.

Staff had a good understanding of the aims and values of the home. Staff were positive about the support they received from management and other colleagues.

Aldbourne Nursing 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.

This inspection took place on 7 and 11 May 2015 and was unannounced. One inspector carried out this inspection. Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR) as the inspection was carried out at short notice. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, looking at documents that related to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with 11 people about their views on the quality of the care and support being provided. During our inspection we spoke with the registered manager, the matron, a nurse, a team leader, a care worker, the activities co-ordinator, housekeeping staff and the chef.

Good

Is the service safe?

Our findings

People told us they felt safe living at Aldbourne nursing home and consistently described the service as being good. Comments included "I feel completely safe, I am well looked after" and "When I press my alarm bell they always come, they are very kind."

Staff had access to safeguarding training and guidance to help them identify abuse and respond accordingly. Records confirmed that staff had attended training in this area. Staff described signs they would look for such as unexplained bruising or a change in people's behaviour and how these signs could indicate that abuse was taking place. They described the actions they would need to take if they suspected abuse was happening. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Some staff said that they knew they could report their concerns to external agencies such as the local safeguarding team.

The service was proactive in respecting people's diversity and supporting potential conflicts between people living in the home. We observed two people sitting in the communal lounge. One person's actions were clearly upsetting the other person who responded by raising their voice to them. Staff were quick to intervene to try and diffuse the situation, explaining to the person why the person may be acting in this way. Staff offered the person to sit in another area which they declined. Staff stayed with the two people until the situation had calmed and they could go about the activities they were involved in.

People were protected from risks associated with their care because staff followed appropriate guidance and procedures. Risk assessments were used to identify what action was required to reduce a risk. Risk assessments were completed with the aim of keeping people safe whilst supporting them to still take part in activities around the home and in their community. We saw on people's support and care plans these had been personalised to each individual and covered areas such as personal care, risk of falling and the risk of malnutrition.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place for the safe management of medicines. People had protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Medicines were stored in a lockable trolley. Only nursing staff were able to give people their prescribed medicines. There had not been any medicine errors but nursing staff were able to explain what they would do should an error occur. A GP would be contacted for advice in the event of a medicine error or if people were refusing to take their medicine. Training records confirmed nursing staff had received training in the safe management of medicines.

We looked at three staff files and saw people were protected by a safe recruitment system. New staff members completed an application form, provided proof of identity and undertook a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. All staff were subject to a formal interview in line with the provider's recruitment policy. People living in the home also had the opportunity to be involved with informally meeting candidates and asking them questions. Their views were then sought by the manager and staff completing the recruitment process. Records we looked at confirmed this.

There was enough qualified, skilled and experienced staff to meet people's needs. Staff told us that there was always sufficient staff members on duty to provide the care and support that people needed. We saw that people's requests for support and assistance were responded to without any delay. The service followed clear disciplinary procedures when it identified that staff were not working within safe practices. Actions taken included additional training for staff and adjustments to their working practices until such a time they were deemed competent to carry out their role.

The provider had a policy in place to promote good infection control and cleanliness within the home. There were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all housekeeping staff followed to ensure all areas of the home were appropriately cleaned. Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons. The level of cleanliness throughout the home was of a very high standard. This included people's rooms, bathrooms and all communal areas.

Requires Improvement

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

Whilst all necessary Deprivation of Liberty Safeguards applications had been submitted by the provider to the appropriate local authority, the requirements of the Mental Capacity Act were not always followed by the provider when assessing people's capacity to make decisions.

We looked at four people's care records and found records of assessments of capacity were not appropriately completed for some people deemed to lack capacity to decide on their care and treatment. The assessments that were in place, did not meet the requirements of the MCA Code of Practice in terms of due process and the quality of recording. For example one person's care plan stated that they had capacity to make decisions on medical treatments but did not have capacity to make decisions on daily living. We observed this person being offered choices throughout the day about food, drink and activities that were going on. The person was clearly able to make choices about their daily living. Another person's care plan stated that they did not have the capacity to make decisions. It also stated that at times the person may refuse personal care. There was no evidence of how this assessment had been made. There was also no record of any best interests about what should happen should the person refuse personal care. We also observed this person making choices about their daily living throughout the day.

Other people's plans had assessments in place which did not contain any evidence of the processes gone through to check people's capacity. The assessments did not conclude if the person had capacity or not.

We found that the registered person had not acted in accordance with the Mental Capacity Act 2005 when assessing people's capacity to consent to care and treatment. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers and nurses had knowledge of the Mental Capacity Act 2005. Staff told us they had received training and records confirmed this. Staff told us how they supported people to be involved in making daily choices such as what time people wanted to get up, what they would like to eat at meal times and activities they wanted to take part in, or not take part in.

Staff were knowledgeable about people's individual care and support needs. They were able to describe people as individuals. Staff knew about people's likes, dislikes and preferences. People told us they believed that the staff who cared and supported them had the right skills to do so. Comments included "I get on well with staff, we have a laugh and a joke" and "They always make time for a chat. I can ask for anything and they'll get it for me."

People had access to food and drink throughout the day and staff supported them when required. People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is very good. I don't like to eat too much so they will give me fruit as I don't like to eat late" and "There's always plenty to eat. The chef makes very nice biscuits." People were provided with a choice of nutritious food. The chef explained that whilst there was a set menu each day, people could choose to have something different if they did not want the meals provided.

We observed the lunchtime meal on one of the days of our inspection. People chose to either sit with others at the dining tables or they ate in their rooms. Lunch in the dining areas ran smoothly with people receiving their meals at the same time as the people they were sitting with. Staff told us if people changed their mind about their previous choice of food, they could have the alternative or something else. People were provided with soft texture diets, thickened drinks and fortified food and that their weight was monitored by staff. We observed a lot of positive staff interaction with people during the lunchtime meal. People were offered drinks, including wine with their meals. Staff asked people if they needed help before providing any assistance.

Requires Improvement

Is the service effective?

We spoke with the chef who told us they were given information about people's dietary needs by the care staff and nurses and they had information in the kitchen about particular likes and dislikes. They explained that people had a choice of meals. They said if people did not like what was on the menu then they were able to request alternatives. The kitchen was clean and tidy and had appropriate colour coded resources to ensure that food was prepared in line with food handling guidance. However on the day of our inspection we noted that food had not been labelled when it had been opened. This meant that people may be at risk of receiving out of date foods. We spoke with the provider who has addressed this with the chef.

Staff were aware of their roles and responsibilities. Staff told us they received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. Training records confirmed this. New staff undertook a probationary period in which they completed an induction. The induction included looking at care plans, completing core training, familiarising themselves with the services policies and procedures and shadowing more experienced staff members. The registered manager explained that the probation period was used as an assessment period to ensure that people had the rights skills and personal attributes for the role.

Regular meetings had not been held between staff and their line manager with the previous management. However the registered manager and matron showed us the supervision meetings they had scheduled with staff for the coming year. Some of these meetings had already taken place. They explained these meetings would be used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported by both the registered manager and matron. They said they could approach them at any time to seek guidance and support.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion and staff respected their dignity and privacy. People said "Staff here are really caring. It's not an institution, it really is a home," "Staff are genuinely caring, they are really concerned about you" and "I can't believe my luck. It's not my home but I've found a good place."

People were treated with dignity and respect by staff and were supported in a caring way. We observed staff talking with people and involving them in activities that were going on within the home. Staff used people's preferred names when speaking with them and we saw people being spoken with in a kind and gentle manner. Staff took time with people and did not rush them and worked at the person's pace.

Positive relationships had formed between people and staff. People recognised staff. We saw that when people were approached by care staff they responded to them with smiles or by touching their arm which showed people were comfortable and relaxed with staff. We observed care staff interacted with people, chatting and sharing jokes and involving them with whatever it was they were doing. Staff spoke kindly with people and we heard them regularly offering reassurance to people they were supporting. For example we saw a staff member supporting someone with eating their lunch. They responded to the person's request for drinks and sauces for their meal, reassuring them that they were "just going to fetch them."

People's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas. One person told us they were asked each day if they wanted to join in with the activities but said they were quite happy spending time in their room. They said there was no pressure to join in and staff respected their choice to remain in their room. They said staff would come and check to see if they were alright. They told us "They are very kind and thoughtful, they just know if things are not right with me. They will always ask if they can help."

Staff ensured people received their care in private. Staff said they had time to chat with people. They explained that each day they were allocated to people to ensure they received their care and support. They said because they knew who they were accountable for this had provided them with more time to spend with people. They said they would make sure they offered the person time to talk or engage in an activity.

People told us they could get up and go to bed when they chose. One staff member knocked on a person's door mid-morning and asked them what time they would like to get up and if they required any assistance. We spoke with this person later who said they had "fancied a lie in" and had chosen to get up a little later than usual which staff had respected.

Staff demonstrated a good understanding of people's likes and dislikes. One person liked to sit and look out of the window in the communal area. We saw staff offer the person a choice of window as each one looked out over different parts of the garden. This person at times could be verbally demanding towards staff. Staff took time to explain what was going on to the person. We also observed staff responding to their requests for drinks and snacks in a patient manner. They offered reassurance to the person when they were leaving them in order to make their drink or snack as requested.

Requires Improvement

Is the service responsive?

Our findings

We looked at four people's care and support plans. Whilst we found that care focused on the needs of the individual, not all care plans had been updated to include information about the care and support required. For example, one person's nursing plan stated that they had refused pressure relieving equipment in their bed and chair. However in their support plan it stated that an air mattress was in place and the setting it should be on. Another person's support plan contained nutritional information which included a pureed diet. However in their pre-assessment it stated that they had no problem in swallowing and we observed them eating a chocolate chip cookie. When we spoke with the registered manager and matron they explained that this person only had their meat pureed although this was not reflected in the care plan.

For those people requiring daily monitoring this information was held in a folder in their room for staff to complete each time the care task was completed. For example, some people had monitoring records for being repositioned to minimise their risk of pressure ulceration or applications of topical creams and for receiving personal care. We reviewed five people's records and found that recordings were inconsistent. One person was supposed to be repositioned every three to four hours as per their care and support plan. Records showed when personal care had taken place but not if the person had been turned. This meant that it was unclear at what time the person had been turned and what position they had been moved to. The person could therefore be at risk of developing pressure ulceration if they were not regularly changing position.

We reviewed four people's DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) and found that these had not been completed correctly. One person's DNACPR, whilst in their support plan, had not been signed by the GP. Others had been signed by the GP but did not contain the reason why you would not attempt to resuscitate the person and did not include who had been involved in the discussions. We have asked the provider to take immediate action to review people's DNACPR.

Care staff completed a daily record of the care people received and details about how people had spent their day. We looked at four people's records and found they did not give a clear and descriptive reference to the emotional well-being of the person and the actions staff had taken. For example one person's records described them as being 'unsettled'. There was no explanation as to what this meant and what actions had been taken to support the person. A lack of recording which describes behaviours or actions taken may prevent staff sharing important information about the person's emotional well-being and what was done to support them. In the absence of this information people were at risk of not receiving timely and appropriate support.

We found that the registered person had not protected people from the risk of unsafe or inappropriate treatment because accurate and appropriate records were not maintained. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home supported people to be involved in the local community to reduce the risk of social isolation. We spoke with the activities co-ordinator who explained the importance of involving people in appropriate activities which were stimulating and reflected people's interests and past hobbies. They said that activities were based on people's preferences. For example some of the people living in the home were local and from a horse racing background. Visits for those people still interested in horses were arranged with the local stables. There were strong links with the local community. There was a group of local volunteers called 'The Friends of Aldbourne' who regularly supported the home to access activities and trips out. This included people going out on day trips, shopping trips and attending local events. The activities co-ordinator explained that in the summer 'The Friends' would invite the people living at the home to their houses for cream teas. The village also had a local band who played regularly throughout the summer at the village pond which was attended by people living in the home.

We observed people being given choices throughout the day. They were given choice about food, drinks, activities and how they spent their day. People engaged in quizzes, yoga, arts and crafts and gardening.

There was a clear complaints procedure in place. People told us they knew what to do if they were unhappy with any aspects of care they were receiving. They said they felt comfortable speaking with the manager or a member of staff. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's

Requires Improvement

Is the service responsive?

policy. The registered manager showed us records of discussions which had taken place when people had raised concerns but not wanted to make a formal complaint. They explained that this ensured concerns were still listened to and action taken to prevent them from becoming formal complaints. For example we saw a complaint had been made regarding the menus which had been changed in response to the person's concerns.

Requires Improvement

Is the service well-led?

Our findings

The provider had a system in place to regularly assess and monitor the quality of service that people received but this was not consistently effective. In this area we found that the auditing system which was carried out periodically throughout the year was not robust. These audits were based on CQC's five domains and included safe medicines management, infection control, training, staffing, care plans and health and safety. Where audits had been carried out by different people, information conflicted with another audit. For example where questions had been asked about risk assessments in the 'Is the service safe' audit and the response was yes. In the 'Is the service responsive' audit which also asked about risk assessments the answer was no. There had also not been a clear action plan put in place to ensure actions identified during these audits were carried out.

Care plan audits had not picked up that information was not always up to date and reflected people's current care needs.

We found that the registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their family were regularly involved with the service and their feedback sought by the provider and the registered manager. Relative and resident meetings were held periodically throughout the year. During these meetings updates were provided and people were invited to make suggestions about how the service could be improved. At the most recent meeting the menu had been discussed. We saw feedback from a recent questionnaire people had completed about the food provided at the home. Part of the feedback had included a 'tasting session' whereby residents had sampled a selection of sausages and then chosen their favourite to be included in the menu.

A new menu had also been devised based on people's feedback. Once this menu had been finalised, the activities co-ordinator explained that a picture menu would be sourced to support people with choosing their meals.

Staff were aware of the organisation's vision and values. Two staff members told us their role was to support people to be involved in their community and to promote their dignity and respect their choices. There were regular staff meetings where staff were able to raise any issues that may be of concern to them. All staff spoken with provided positive feedback about the management team and the support they received.

We asked staff about Whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the manager or the matron. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

To keep up to date with best practice the registered manager or matron attended the local provider's forum for older people. This gave them the opportunity to meet with other providers to share best practice and discuss challenges they may be facing with service delivery. The matron also attended meetings with the local Clinical Commissioning Group (CCG). CCG's play a major role in achieving good health outcomes for the community they serve. During these meetings they discussed topics such as what is good practice when supporting people who are at the end of their life.

Regular maintenance was undertaken to ensure the property remained fit for purpose. Environmental risk assessments such as fire risk assessments were completed.

The service had appropriate arrangements in place for managing emergencies. There was a contingency plan which contained information about what to do should an unexpected event occur, for example a flood or loss of utilities. There were arrangements in place for staff to contact management out of hours should they require support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent We found that the registered person had not acted in accordance with the Mental Capacity Act 2005 when assessing people's capacity to consent to care and treatment. (1) (3) (4)

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care We found that the registered person had not protected people from the risk of unsafe or inappropriate treatment because accurate and appropriate records were not maintained to ensure people's needs were met. (3) (b) (C)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. (2) (a) (c)