

Charmend Limited

Aldridge Court Nursing Home

Inspection report

Little Aston Road

Aldridge

Walsall

WS9 0NN

Tel: 01922 455731

Website: www.aldridgecourt.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 6 and 7 January 2016 and was unannounced. At the last inspection completed on 3 October 2013 the provider was meeting all of the regulations required by law.

Aldridge Court Nursing Home is a service that provides accommodation, personal care and nursing care for up to 59 older people. At the time of the inspection there were 43 people living at the service with a range of needs including people who are living with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the service. Staff knew how to identify potential signs of abuse and how to report concerns if they arose. Risks to people were identified

Summary of findings

and managed without putting unnecessary restrictions on their independence. People received their medicines on time and as prescribed. Medicines were stored safely and securely.

The registered manager ensured that there were sufficient numbers of staff available to meet people's needs. People were protected from potential harm by processes and procedures that ensured staff were suitable to work in a nursing home. Staff were supported in their work and had the skills and knowledge required to support people effectively.

People's day to day health needs were met and people had access to healthcare professionals when needed. People enjoyed the food and drink they received and any special dietary requirements were met.

People's human rights were upheld by staff members who ensured that the appropriate consent was sought from people when they provided care and support.

People's dignity, privacy and independence was respected and promoted by staff. Staff were caring and ensured people who lived at the home felt valued and important.

The care people received met their individual needs and preferences. Staff understood people's needs and communicated any changes in their needs effectively. People had access to a wide range of leisure opportunities. They were also supported to maintain relationships that were important to them. People knew how to make a complaint and felt that their concerns had been listened to and responded to appropriately.

People and staff spoke highly of the management team and were involved in the development of the service. Systems were in place across the service in order to improve the service and quality of care received by people. The registered manager was developing systems to ensure that all paperwork was updated in a timely manner and reflected the care people received.

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?

The service was safe

People were protected by staff who knew how to recognise and respond to signs of potential abuse. Risks to people were managed effectively. People received their medicine as prescribed.

People were supported by staffing levels that ensured their needs were met responsively. Pre-employment checks were completed to ensure staff were appropriate to work in their roles.

Good



Is the service effective?

The service was effective

People were supported by staff who had the skills required to provide effective care. People's human rights were upheld by staff who ensured they obtained consent to support people.

People enjoyed the food and drink they received. People had access to healthcare professionals when needed.

Good



Is the service caring?

The service was caring

People were supported by staff who were caring and committed to making them feel valued and important. People were enabled to have access to a range of options and were supported to make choices about their own care.

People's privacy, dignity and independence was respected and promoted. People were supported to maintain relationships that were important to them.

Good



Is the service responsive?

The service was responsive

People received care that met their needs and preferences. People had access to a wide range of leisure opportunities.

People knew how to make a complaint and felt their concerns were heard and responded to.

Good



Is the service well-led?

The service was well-led

People were involved in the development of the service and spoke highly of management. People were supported by a team of motivated staff who understood their roles and responsibilities. Systems were in place to monitor and improve the quality of service people received.

Good



Aldridge Court 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 6 and 7 January 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert-by-experience. The specialist advisor was a qualified nurse who has experience working with older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains

information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with nine people who lived at the service. Some people who lived at the service were unable to share their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager and 12 members of staff, including nursing staff, care staff, domestic staff, the chef and the activities coordinator. We also spoke with two visiting health care professionals and six visitors who were relatives or friends of people living at the service. We reviewed records relating to medicines, eight people's care records, four staff files and records relating to the management of the service. We also carried out observations across the service regarding the quality of care people received.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, “I feel safe, yes, course I do”. Relatives told us that they felt people were kept safe at the service. One relative said, “It’s everything about the place. [There’s] people always about. Extremely safe”. Another relative said, “I think [person]’s being well looked after. [Person]’s clean, safe. [They’re] in good hands.” Staff were able to describe different signs of abuse and could tell us how they would report concerns. People told us that they felt able to share concerns that they had. One person said, “You can talk to the carers or call for [the registered manager].” Another person told us that they had previously raised a concern and felt the registered manager and staff had responded quickly and appropriately.

We looked at how risks to people were managed and found that risk assessments were in place. Staff were able to describe how they would manage the potential risks to people and we saw that this was done without putting unnecessary restrictions on their independence. We saw that where risks to people increased, due to health concerns such as pressure ulcers or weight loss, staff responded and managed these risks appropriately. We observed staff managing potential risks to people that arose from equipment and the environment. For example, we saw a member of care staff reporting concerns to the maintenance person about a damaged brake on a commode.

People told us that they received their medicines on time. One person said, “Yes, same time every day.” We saw that medicines were stored securely and safely. Staff were monitoring the temperature of areas in which medicines were stored to ensure they were kept in line with manufacturers guidelines and remained effective. Staff administered medicines safely and completed people’s medicines administration records (MARS) once they had given people their medicine. Systems were in place to ensure that when people were prescribed medicine that needed to be given at irregular intervals, these people also

received their medicines as prescribed. We found that when people received medicines in the form of a skin patch; these were not always rotated to a new place on the body at the frequency recommended by the manufacturer. This could impact on the effectiveness of the medicines. We were told by the registered manager that they would correct this practice immediately.

People told us that they felt there were sufficient numbers of staff available to meet their needs. One person said, “There’s always carers about and you’ve got buzzers if you need any help. They come straight to you.” Another person said, “They’re constantly coming round and making sure you’re alright. They come when I press the buzzer.” One person told us that sometimes it can appear that the care team are short staffed. Staff told us that there are sufficient numbers apart from when staff called in sick. The registered manager told us that they had developed a system where the senior carer on shift was an additional member of staff for most of the week. This provided the flexibility of additional cover if staff were not well and unable to work. We were also told by staff that the registered manager would work with the care team if required. We found that nursing staff were available at all times and teamwork with nurses and care staff was effective. We saw that people’s needs were responded to promptly and there were sufficient numbers of staff available during the inspection.

The registered manager ensured that people were protected by ensuring that appropriate pre-employment checks were completed when new staff members were recruited. These checks included an interview, the staff member’s identity, references and potential criminal history. We saw that where information was returned on pre-employment checks, the registered manager reviewed this information and completed risk assessments where appropriate. We also saw that the registered manager addressed any concerns around staff members performance or conduct and took disciplinary action when required.

Is the service effective?

Our findings

People we spoke with told us that they were supported by staff who were skilled and able to meet their needs. One person told us, “They’re very good here”. Another person said, “I couldn’t be in a better place than this.” A third person told us that staff were, “Alright. Very good in fact”. Staff told us that they had access to training and that they received regular supervision meetings with their line manager. We were told by staff that they received the support they needed to perform well in their roles and to care for people effectively. Most staff members said that the training received was very good. One member of staff told us that they had received practical training that enabled them to experience the emotions that people at the service would experience when they received care. For example, lying on a bed with care staff standing either side and experiencing being transferred in a hoist. Another member of staff said that there had been a recent increase in written training and were concerned about not having practical training, for example on how to use a hoist. The registered manager confirmed that staff would continue to receive training in practical skills. We saw that staff were able to support people competently and were able to demonstrate the skills they had been trained with.

We looked at how the service ensured that people’s dayto day health needs were met. People told us that staff ensured they saw health professionals promptly when needed. One person said, “With the pain, they’ll often get the nurse straight away”. Another person told us, “If I’ve got a problem with sickness, I only have to see the nurse and she gets the doctor in”. The registered manager told us that a clinic was held within the service once a week and that communication with the GP was very good. During the inspection we saw this clinic take place and it was well known to people living at the service. One person said, “The doctor comes in every Thursday. They will make a note for the doctor to come and see you.” We spoke to a visiting health professional who told us, “Whatever you ask to be done is followed through” and “They call for advice when it is needed”. People were also supported to access services such as the chiropodist, dentist and optician. We saw that people received the support they needed to promote and protect their health and well being.

People were happy with the food and drink they received and told us that they received sufficient choice. One person

told us that the food was, “Very good. Very good choice.” Another person said, “The food is what you choose. Quite a good choice – three choices. They come round to choose things for tomorrow.” A relative told us, “The chef asks what [my relative] would like for breakfast and dinner. He gives a choice. I’ve noticed a massive difference in [my relative] because [they’re] eating correctly.” People told us that they received drinks regularly. One person said, “Yes, if I need cranberry juice, they’ll bring me one every day and a jug of water every day.” Another person said, “I drink too much”. We saw that the chef had developed a range of menus that people could choose from every day. People were enabled to ask for food they wanted that was not on the menu. The chef ensured that special dietary needs were catered for when people required this. For example, if they needed soft food or were living with diabetes. People’s cultural preferences were also considered and were known to staff. The service employed a ‘host’ who worked as a waiter for people living at the service. The host served food and drinks to people and supported them in making choices around the food they wanted to eat. Some people mentioned to us that they would like to eat breakfast earlier each morning. The registered manager told us that they would review how they could make breakfast time more flexible for people.

People and their relatives told us that staff sought consent before providing support to people. One person said, “They say ‘Is that alright? Is there anything else?’”. A relative told us, “They say they’ve got to do what Mom says. They won’t push her.” Staff we spoke with could describe how they would obtain people’s consent. We saw that staff were making decisions about people’s care in line with the Mental Capacity Act (MCA). However, they were not always clearly recording these decisions in people’s care plans. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that where it was appropriate, applications had been made to the local authority to deprive people of their liberty to protect their health and well being. People can only be deprived of their liberty to receive care and

Is the service effective?

treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Our findings

People told us that staff were caring and we saw that people were supported in a respectful and compassionate way. One person told us “It’s nice, very nice. The staff are really good. Even the [domestic staff]. They never get mentioned and they’re really good. They’ll come in and tidy my table and turn the page of my TV magazine for me.” Visitors told us that they felt staff were caring and one visitor told us that nothing was too much trouble for the staff. Another visitor told us, “They’re lovely with [my relative] actually”. A third visitor said, “I feel [my relative] is very well looked after. Everyone is very kind.” Staff we spoke with told us that they felt it was important people felt valued and important. One member of staff said, “Whoever I care for, I treat them as I would my Mom and Dad.” Another member of staff told us that they make people feel valued by, “Just talking to them and treating them as an individual. Trying to get them into the lounge and socialising.” We observed kind and caring interactions between staff and people living at the service. We saw staff paying attention to details that were important to people. For example, we saw a member of staff gently help someone adjust their glasses that had slipped out of position. People were treated with kindness by care staff who considered their needs.

We saw that people were given choices in all aspects of their care and staff made sure that a range of options were available to people. One person told us, “I ask if I can have ten minutes lying in the bath and they’re quite willing”. We saw the chef spending time with one person who did not want to eat their lunch. The chef talked through a number of alternatives with this person until they identified something that they wanted to eat. A member of staff told us that someone would go to the local shop to buy additional food if required to ensure that people had the food they wanted available to them. We saw that a wide range of drinks were available to people including lambrini and ginger ale at lunchtimes. Staff took time to provide people with options and to take into account their choices. People had the opportunity to choose how they wanted their bedrooms decorated and staff supported them to use personal items. One member of staff told us, “It gives that homely feeling to the place.” We were told that people also

had choices around when their room was cleaned. A domestic staff member told us that once people had received care in the morning they would knock their door and ask if it was ok to go in and clean.

People told us that their dignity and privacy was respected. One person said, “Yes, they always knock the door and keep me covered and make sure the curtains are drawn.” A relative told us, “[They’re] very good. Nothing’s discussed in front of everyone. They ask ‘do you want to come upstairs?’ They take [my relative] to [their] room or wherever they’ve got to go”. Staff that we spoke with described a range of ways in which they protected people’s dignity including, “Don’t talk loudly so others know what’s happening”. Another member of staff told us, “When hoisting ladies with skirts, put a blanket over their front”. They acknowledged how supporting people in communal areas with visitors present can impact on people’s dignity. We saw that staff were protecting people’s dignity while they supported them. We saw that one person asked a member of staff to fetch their false teeth from their room. The member of staff gave them the opportunity to move to a private area to put them in. People’s independence was promoted where possible while continuing to protect people’s dignity. One staff member explained how they supported people to remain independent by giving them time to dress themselves. They told us they would “get [people] to dress themselves, give them time. Don’t rush it and do this for them.” People were supported by staff who protected their privacy and dignity.

The registered manager had appointed one member of staff as a ‘dignity champion’. This staff member told us that they attended regular external meetings in order to develop their knowledge and skills in this area. They told us that they worked with staff to ensure that care practice protected people’s dignity, including showing members of staff how to wash people in a dignified way. They said, “My role is to make sure everyone is treated equally and they get the respect they deserve.” We saw that numerous thank you cards had been sent to the service commending the care that had been received by people. We saw that relatives had commended the way that staff protected people’s dignity in particular with end of life care. We spoke with a visiting professional who told us, “They are very good with end of life care. Recognising when someone is deteriorating and when additional support is needed.” They told us that the way staff protected people’s dignity at

Is the service caring?

the end of their life was “Fantastic”. They said staff considered a wide range of detail including ensuring lighting above beds was not glaring in people’s eyes and that bed sheets were covering people appropriately.

We saw that relatives and friends were able to visit the service without any restrictions. Staff supported people to

maintain relationships that were important to them. We found that where it was appropriate, the registered manager involved advocates to provide additional support to people.

Is the service responsive?

Our findings

People were supported to access a range of leisure opportunities while living at the service. These included church services, singers, visits from school choirs and a local pet shop, therapy dogs, pamper days, arts, crafts, baking, themed days, games and quizzes. One person told us, "I like Bingo, Name that Tune, Charades. [The activities coordinator]'s just taken over. She's doing really well." Another person told us, "I like to get involved with the bingo. I like the quizzes but I don't like Name That Tune or the church people." One relative said, "Bingo, Beetle Drive, carol singers. Stimulation wise, it's what she needs." We saw that the service had a pet rabbit that people interacted with. People had been involved in naming the rabbit by taking part in a competition.

There was an activities coordinator in place who showed us how a range of activities had been developed for people. They told us that they spoke with people each morning to see what they would like to be involved in. We saw the service had recently introduced an initiative involving doll therapy with some people living with dementia. We were told by staff that while this initiative was still being developed it had appeared to provide some people with comfort. We saw that the activities coordinator was working to develop activities that were individual to people's preferences. For example we were told how one person enjoyed art and their relative had told staff that they had not drawn in years. The activities coordinator arranged to get some pencils for this person. We saw this person showing other people their artwork in the lounge and they had pictures of their work displayed in their room. The coordinator told us, "Sometimes they've not done something for ages. It just takes a bit of encouragement to get them to start doing it." We saw that staff were less proactive in providing leisure opportunities to those who chose to spend their time in areas of the service away from the main lounge. The registered manager told us that they were in the process of recruiting a second activities coordinator who would be able to support a wider programme of activities.

People told us that the care they received met their needs. Staff we spoke with were able to describe people's needs.

They were able to tell us about people's personal histories and preferences. Staff told us that most people were not able to sit down and go through their care plan formally due to their mental capacity. They told us that they spent time talking to people and their relatives in order to identify their needs and to develop their care plans. Relatives told us that that people's needs were assessed when they first arrived at the service. One relative said, "When I came here to look round, [the registered manager] came to our house and asked what we wanted and [explained] what she could offer [my relative]." Relatives told us that they were not as involved as they would like to be with ongoing reviews of their family member's care plans. We saw that the senior carer was responsible for reviewing people's care plans each month, however, this did not involve relatives. We saw during the inspection that staff took time to speak to relatives about people's care needs where it was appropriate to do so. The registered manager told us that they would review their methods of involving relatives in care planning to ensure they felt fully involved and that people received the most appropriate support.

We saw that the staff team worked well together and communicated people's changing needs. A visiting professional told us that they had seen good lines of communication within the service. We saw that changes in people's needs were communicated through staff handovers. Systems such as diaries and communication books were used by the staff team to ensure important tasks were completed; for example reordering medicine or booking appointments. We saw that care plans were not always updated in a timely manner, this had resulted in one temporary staff member not being fully up to date about one person's needs. We found that the person had received the care they needed. The registered manager confirmed that they would ensure all care plans were up to date and reflected people's current needs.

People and their relatives told us that they felt their concerns were listened to and acted upon. We saw that people were supported to make a complaint if it was necessary. The registered manager recorded complaints received and demonstrated that they responded appropriately to any concerns raised.

Is the service well-led?

Our findings

People were involved in the development of the service we saw that there was an open, transparent culture throughout the service. We saw that resident's meetings were held that relatives were also invited to attend. The minutes of these meetings reflected that a range of topics were discussed including, meals, activities and general information about the service. Staff told us that they also felt involved and that their views were heard by managers. One member of staff told us, "We all speak openly. If there are any problems you've just got to knock the door [of the office]." People spoke highly of the management of the service. One person said managers were, "Very good, excellent." A relative said "They're always visible and there's always interaction". Another relative told us, "They meet [people's] needs, take concerns into consideration and what [people] can and can't do. They take account of family's wishes, they speak to us all".

We saw that the registered manager had issued questionnaires to a range of people including people living at the service, relatives, suppliers and healthcare professionals in order to obtain feedback about the service. One professional who worked with the service had commented in a survey made positive comments about the management and leadership of the service and also the staff. The results of surveys completed were reviewed, however, the registered manager did not always make information available to people about actions taken or improvements made. The registered manager confirmed that they were reviewing practices to ensure that results were accessible to people.

Staff told us that the management team were supportive and that a motivated, committed team had been developed. One member of staff told us, "I enjoy working here. The team works really well together." Another member of staff told us, "The manager makes this home.

She talks. At first she seems strict but she's really caring inside. She's always helping." A third member of staff said, "She's a good boss. She's so supportive, I couldn't ask for anything more." We saw that there was strong, effective team work between care staff, nurses, other staff members and the management team. Staff understood their roles and responsibilities and we saw that issues that arose were escalated and communicated through the team appropriately.

The registered manager told us that the service received effective support from the provider and that they were involved in decision making where appropriate. We were told by the registered manager, "[The provider] likes the place kept to a high standard." They said that the provider was proactive and encouraged them to involve the service with outside partnerships and pilots to enhance the service received by people. We saw that the service was involved in a number of programmes, including a pilot in partnership with the NHS around end of life care pathways. The registered manager had also been involved in delivering a speech on integrated models of care in care homes at the Kinds Fund in London.

We looked at how the registered manager monitored the quality of the service. We found that a range of audits were completed in order to identify areas for improvement and to raise the standards of care people received. We saw examples of where the registered manager had identified actions in order to drive improvements. We found that audit systems were not always comprehensive enough to identify some areas that required improvement. We saw that there were improvements needed with documentation within the service; including records kept in relation to recruitment, stock counts on medicines, care plans and ensuring policies reflected the most up to date guidelines and practice. The registered manager had begun to make improvements to the shortfalls we identified during the inspection.