

Aldergrove Manor Ltd

Aldergrove Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aldergrove Manor Nursing Home is a residential care home providing personal and nursing care people, some of whom may have dementia or learning disabilities. The service can support up to 70 people. At the time of the inspection there were 62 people living at the home.

Aldergrove Manor accommodates 70 people across two floors, each of which has separate adapted facilities. The ground floor accommodates people receiving nursing care and upstairs specialises in providing care to people living with dementia.

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

People and relatives told us they felt people were safe. Staff knew how to identify signs of potential abuse and report any concerns. The management team had reported concerns to the local authority and notified us of any incidents, as required by law. Risk's to people's health, well-being and safety were assessed and managed and any changes were recorded to ensure staff provided people with safe, consistent support. There were enough staff to meet people's needs and respond to any incidents and staff had been recruited safely. People received their medicines as prescribed and systems used to manage medicines were safe. Where incidents had taken place the management team had reviewed them and shared any learning or improvements with the staff team. Infection control procedures were in place to protect people from the risks of cross infection.

People, relatives and staff felt the home was well managed. The acting manager had been in post since November 2020, as the registered manager had taken a leave of absence. People and relatives told us they found the acting manager to be approachable and accessible. Staff we spoke with felt well supported in their roles and felt the home provided a good standard of care. The management team conducted quality audits to ensure people's experience of care was positive and took action where required. Staff at the home worked in partnership with local agencies, to ensure people's individual needs were met. Relatives had been supported to visit their loved ones throughout the pandemic and spoke positively about the support provided by the management and staff teams.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 January 2018).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person who used the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management and staff knowledge of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). This inspection examined those risks.

We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

The overall rating for the service has remained good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aldergrove Manor Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Aldergrove Manor Nursing Home

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 Care Act 2014.

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 carried out by two inspectors.

Service and service type

Aldergrove Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had notified us that the registered manager was on a leave of absence at the time of the inspection. The acting manager was therefore responsible for the management of the service with support from the area manager, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people about their experience of care. We also spoke with eight staff who provided care, four members of the housekeeping team, the clinical lead and the acting manager. Following the inspection, we also spoke with three relatives by telephone to gain their views on the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and some policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at feedback, staff meeting minutes and quality assurance records. We spoke with one professional who works with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were confident people using the service were safe. One person said "I am happy here. I can speak with [name of acting manager] if I have any worries."
- Staff we spoke with had received training and were confident in how to report concerns about people's safety and well-being. One staff member told us, "Abuse can be in many forms, it can be physical -if we see any obvious signs we report to the senior. I would be confident this would be raised and addressed, but we can go to the manager if nothing is done and could also go to the local authority and safeguarding."
- Where safeguarding incidents had occurred, the manager had made appropriate referrals to the local authority safeguarding team and notified us as required by law.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and recorded to ensure staff supported them safely. Staff knew people's risks well and pre-empted situations where a person may be a risk of harm. For example, where people tried to mobilise without the use of their mobility aid, staff promptly reminded them of their need to use them.
- One person shared with us how staff supported them to reduce the risk of harm. They told us, "Staff always check the water temperature for me, as in the past I hurt myself."
- Where people's risks had changed, we found care plans and risk assessments had been reviewed and updated to ensure staff had the information they needed to provide safe and consistent support. For example, where people required support with anxiety and disorientation, plans were implemented to ensure staff were aware of the person's triggers and were able to support them in a way that did not heighten their anxiety.

Staffing and recruitment

- People and relatives told us they felt there were enough staff to meet people's needs, although one person felt they would benefit from some more time to talk with staff. One person told us, "The staff are good, they work hard." Staff we spoke with felt there were enough staff to meet people's care and support needs, however a small number of staff felt they would like to have more time to spend with people. This feedback was shared with the acting manager.
- We observed staffing levels throughout the day and found there were enough staff to support people in both communal areas and their individual rooms. Where people used the call-bell system to request support, staff responded without delay.
- Staff had been safely recruited. The provider had carried out appropriate pre employment checks on staff to ensure they were safe to work with people.

Using medicines safely

- People received their medicines as prescribed. Nursing staff and senior carers managed medicines systems to ensure people's medicines were administered safely.
- Where people were prescribed 'as required' medicines staff were aware and offered these regularly. For example, people who may require pain relief were asked about pain levels before medicines were administered.
- Some people were prescribed controlled drugs, which have special regulations on ordering, storage, administration and recording. We found records we checked relating to the administration, storage and disposal of these medicines were accurate.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Where incidents or events had occurred, we saw evidence that learning had been undertaken by the management and staff team. For example, staff meetings had been held to review incidents and share learning, and additional training had been arranged to ensure staff knowledge was up to date.
- Staff understood their responsibility to report incidents and accidents involving people living at the home. The registered manager conducted monthly checks on accident and incident records which enabled them to identify any patterns or trends and reduce the risk of reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The acting manager and senior staff team knew people well and placed a strong focus on supporting people as individuals with personalised care.
- People and staff knew the acting manager well and told us they were accessible whenever they needed them. One staff member told us, "This is a really nice place to work, I feel very supported." Another staff member said, "Throughout the pandemic the manager did not shy away from it. There was lots of training to make sure we were doing things correctly, lots of spot checks."
- Relatives spoke positively about the management of the home. One relative said, "It is a well-run home, [name of acting manager] has done very well taking it on. There is always someone available for me to speak to. The staff care for me as well as my relative. They call to see if I'm alright."

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

- The acting manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the management team and clinical staff had worked alongside other agencies to learn from events. They had also spoken with families to understand concerns and explain any changes or improvements that would be made as a result of the learning that had taken place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was on a leave of absence at the time of the inspection. However, there was an acting manager in post, who had previously been the care manager. They were supported in their new role by the nominated individual, the clinical lead and the senior team.
- The acting manager understood their responsibilities and the requirements of the regulations. They had submitted notifications to us, as required by law, and had provided any further information we requested without delay.
- The management team carried out checks and audits to ensure people received a good standard of care. These included care plan audits, environmental checks, as well regular monitoring of accidents and incidents to identify any patterns or trends so improvements could be made.

- The rating from the previous inspection was displayed prominently as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had been invited to give their feedback about the service provided. Feedback was collated both formally and informally and responses were reviewed to identify any areas of concern, which were then addressed. Positive feedback was shared with the staff team.
- Relatives told us they were happy with the arrangements for visiting their loved ones during the pandemic. One relative said, "We did window visits when the guidance did not allow us to visit inside. But when [person's name] stopped eating I was invited to visit in the hope seeing me would help. Which it did. I can visit more now; the staff have been great." Another relative told us, "I think the staff have done remarkably well in such difficult circumstances. I have nothing but admiration for them. They have tried to keep people motivated and we've received emails and photos, so we've kept up with what's been going on."
- Staff feedback was being gathered at the time of the inspection and was yet to be reviewed by the provider. However, staff told us they felt involved and supported. One staff member said, "I feel the support from the acting manager is really good, they really listen. We feel involved."
- The acting manager told us they had taken steps to focus more on supporting people's mental health in recent years. This included drop sessions to support staff and daily welfare checks carried out by the activities co-ordinator. These checks had identified an area of concern for one person, and action taken by staff had a positive impact the person whose health had improved as a result.

Working in partnership with others

- The management team worked effectively with other local agencies to support the needs of people living at Aldergrove Manor. This included the local Clinical Commissioning Group (CCG), GP's, tissue viability nurses and community nursing teams.