

Alderson Limited

# Alderson House

## Inspection report

Saltfleet Road  
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Lincolnshire  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

- The service is in a rural setting, near to Mablethorpe in Lincolnshire.
- The service provides accommodation and personal care to people with mental health issues. The care home can accommodate 17 people in one building. At the time of our inspection there were 15 people living in the service.

People's experience of using this service:

- People were assisted to have choice and control over some aspects of their lives, though there were issues about some people's ability to choose their own lifestyle.
- Heating levels were not always adequate to keep people warm.
- Audit processes were not comprehensively in place to ensure quality care. Questionnaires had not recently been supplied to people and their representatives for their views of the service.
- The service provided was safe.
- Most people told us that people liked living at the service.
- People were protected against abuse, neglect and discrimination. Staff members were aware of ensuring people's safety and acting when necessary to prevent any harm.
- Staff members knew people well and most people appeared to enjoy the attention from them.
- People's care was personalised to their individual needs.
- A registered manager was in place, which is a condition of registration.
- The service met the characteristics for a rating of "Good" in key questions except caring and well led, where it was rated Requires Improvement.
- More information is in the full report.

Rating at last inspection:

- At our last inspection, the service was rated "good". Our last report was published for the inspection of 15 March 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

## 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 remained Good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained Effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service changed to Requires Improvement.

Details are in our Caring findings below.

Requires Improvement ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service changed to Requires Improvement.

Details are in our Well Led findings below.

Requires Improvement ●

# Alderson House

## Detailed findings

### Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience was familiar with the care of people with mental health needs.

Service and service type:

- Alderson House 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 is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was unannounced.
- The inspection site visit occurred on 13 February 2019.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House and the Food Standards Agency.
- We asked the service to complete a Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- We spoke with eight people living in the service, two relatives, the registered manager and two staff members. We observed relationships between people and staff. We saw how staff members supported people throughout the inspection to help us understand peoples' experiences of living in the home.
- We reviewed two people's care records, two staff personnel files, medicines administration records and other records relating to the management of the service.
- We asked the registered manager to send us further information after our inspection. This was received and used as evidence for our ratings.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People's outcomes were good, and people's feedback confirmed this.

Systems and processes:

- People told us they felt safe with staff. A person said, "Everyone's safe and sound." Relatives agreed and said the home was safe.
- Staff members knew how to recognise signs of abuse and what actions to take, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Assessing risk, safety monitoring and management

- People were kept safe because staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks. However, some risk assessments did not contain detail of what to do such as using distraction for managing behaviour that challenged. After the inspection, the provider sent us evidence that these risk assessments had been reviewed and now contained sufficient detail to manage risk.
- There was a small step between the kitchen and dining room which presented a risk if people forgot it was there. The registered manager said that tape would be affixed to the step so that there was a visual warning in place to prevent falls.
- Fire checks and regular drills were in place. The registered manager submitted evidence after the inspection visit that individual personal evacuation plans for people living in the service would shortly be in place.
- Staff knew how to de-escalate situations when people were anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the information in their risk assessments and support plans.

Staffing levels

- People told us there were enough staff to keep them safe.
- We observed staffing levels were high enough to keep people safe and provide individual support when required. A staff member told us, "Staffing levels are okay. Even at the weekend, when there is less to do and less staff on duty, there is no problem keeping people safe."
- People were supported by staff who were suitable to work in the home. Prospective staff members' suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

Using medicines safely

- People told us they received the medicines they needed. A person said, "I always get my medicine when I'm

supposed to."

- People said that they received their medicine and staff checked to see that they took it. Relatives said there hadn't been any issues with medicines.
- Medicines systems were organised and people received their medicines when they should. The provider was following procedures for the receipt, storage, administration and disposal of medicines. Medicines were securely kept. Records showed that medicines had been supplied as prescribed.
- Staff members told us that they could not give people their medicines until they had received training and were assessed to be competent.
- Medicine was audited to check it had been given to people as prescribed.

#### Preventing and controlling infection

- The service was mainly clean, except for staining on some bedroom carpets. The registered manager said this would be followed up and staff reminded about their responsibilities to always keep the home clean.
- People said that the home was kept clean. One person said, "Yes I think it's as clean as can be. We wipe down the tables with sanitizer." Another person told us, "On Tuesday I do my bedroom. Wash the sink and dust and polish and Hoover the carpet."
- There was equipment to prevent the spread of infection.
- Staff were aware of the need to use relevant equipment when cleaning and to always wash their hands after completing a task.

#### Learning lessons when things go wrong

- When incidents occurred, the registered manager could tell us how they learnt from the situation. For example, systems were introduced to check that people had their medicine at the right time as prescribed, either before, with or after food to ensure the medicine was effective.

# Is the service effective?

## Our findings

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

Good: People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed to ensure staff provided consistent care.

Staff skills, knowledge and experience

- Relatives told us that staff knew what to do to support their family members.
- People told us that staff knew how to support them. People said that they thought staff had been trained and knew what they were doing in providing care to them. A person said, "Yes, [staff are] definitely very well trained."
- People were supported by staff who had ongoing relevant training. New staff had induction programmes, which ensured they received training in areas relevant to their roles.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough with choice in a balanced diet

- People liked their meals and said they had a choice of food. Staff asked people what they wanted to eat. A person told us, "Every meal is really good." Another person said, "It's great, we have a lot of Italian food."
- Drinks were available between set drink times, to prevent dehydration.
- Staff knew people's dietary requirements and encouraged people to eat a balanced diet.
- People had food from their cultural backgrounds.
- If people did not like the food on the menu, they could request an alternative. Food choices were discussed at regular residents' meetings.

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

- Most people said that they felt warm though two people complained the home was not always warm. A conservatory and dining area were chilly even though there were heating appliances in them. The premises audit stated that the home should be at a minimum of 16°C, which is not a warm temperature. The registered manager said this would be reviewed to ensure all areas of the home were kept warm.
- People said that they liked their rooms. A person said, "I was in a little room, I'm in a big room now and I love it. I'm very grateful for my new bedroom, it's beautiful."
- People's bedrooms were personalised. They had the choice to accommodate belongings that reflected their interests.
- There were many bathrooms and toilets so that people did not have to wait to use them and their needs could be quickly met.



- People did not have mobility needs and were able to move freely around the home.

Supporting people to live healthier lives, access healthcare services and support

- People said that they saw the GP if they were unwell. Some people said that their health conditions had improved. One person said, "My type 2 diabetes has been reversed and I'm going to be discharged [from the diabetes clinic]." People confirmed they went to the dentist if they wanted to.
- Records showed people's health and wellbeing was supported. They showed that people attended healthcare appointments with consultants, mental health practitioners, GPs and dieticians.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training in MCA and DoLS.
- Staff members understood the need to gain people's consent for any care that was provided.
- Mental capacity assessments were completed to determine people's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed. However, it was clear that people were strongly encouraged to follow the guidance issued by professionals, such as dieticians. A best interest meeting was being arranged for one person as they did not wish to follow some advice given to them by a professional. This meant their choices in relation to this would now be considered further.

# Is the service caring?

## Our findings

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported

- Two people said they were not always treated with dignity and respect. One person said: "Sometimes they [staff] treat us like children. it's not very nice, it's hurtful. They treat us as if we have no minds of our own." Not everyone thought all staff were caring. Another person told us, "Some of the staff can be really bossy" and said they were not treated equally to other people. Such as other people could lounge on sofas but they were told to put their feet down and "sit up straight." The person said they had to get up at a set time for receiving their medicines. Another person said that a staff member had mocked them. We also witnessed a person being ordered to take their coat out of the dining room. The registered manager said they were surprised by these comments about these incidents and they would be investigated.
- Most people said staff were kind, friendly and caring to them. One person said, "The staff here do a wonderful job, they encourage positive thinking." Another person said, "The staff are here all the time, if you need help you go to the one that you can relate with the best. Perhaps some are more caring than others."
- We observed people being treated with friendliness and respect by staff members apart from the incident with the coat.

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

- There was evidence in care plans that people had been involved in planning for their care.
- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- Residents meetings were held to ascertain people's views about their care.

Respecting and promoting people's privacy, dignity and independence

- Some people said they were limited as to when they could have a drink. The registered manager said cold drinks were always available, but people could not have a hot drink when they wanted as some people drank continuously. We asked the registered manager to review this practice as it limited people's choice. She later confirmed that hot drinks were always available.
- People said their independence was promoted by staff. Most people said that they received help when they needed it.
- People said that staff always knocked on their bedroom doors to protect their privacy.
- People were involved in choosing what activities they wanted to do such as going shopping and helping at an animal rescue centre. The kitchen jobs sheet showed how people were encouraged to do tasks to increase their independence. We saw a person helping to prepare lunch. Other people told us that they could cook if they wanted to.

- Relatives told us they could visit when they wanted and they were always welcomed by staff.
- There was information in care plans about whether people had any specific religious needs. A person confirmed that they had been to church and could go when they wanted.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

The provision of accessible information:

- The service identified people's information and communication needs by assessing them.
- Care plans recorded that the service identified and recorded how people wanted to communicate.
- All people living in the home could verbally communicate and did not require other methods of communication assistance.

Personalised care

- Care plans did not have detailed information about people's likes and dislikes and their hobbies and interests. The registered manager said this would be put into place. This information will assist in providing individual personalised care.
- Staff members knew people's likes and dislikes and their important routines.
- We saw staff responding when people needed support. For example, staff provided support to a person that needed help with their laundry.
- Some activities were provided such as games. The main lounge had a piano, gym equipment and a billiards table and a large television for people to use and enjoy. A person said, "Yes, they [staff] help you go walking and to do activities. We play scrabble [with staff]." One person said, "[Staff] take us out for drives. They take me to the pub mostly." A person told us they had taken a course at a local college and they were looking forward to taking another course there.
- People said staff informed them of local activities that were taking place. A person said, "They tell us in the morning if we've got any appointments." Some people wanted more structured activities such as gardening and playing badminton with staff. The registered manager said this would be followed up and stated after the inspection visit that an activities coordinator would be employed. This will then give more choice of activities to people.

Improving care quality in response to complaints or concerns

- Most people said that they had no complaints about the service. People knew that they could tell staff if they were worried about anything, but were unsure how to make a complaint. The registered manager said this would be followed up with people so they knew how to complain if they ever had a need to.
- Relatives said they had never needed to make a complaint but if this happened, they were confident the registered manager would act to deal with this.
- Two people said they did not think that staff acted properly towards them, though they had not told the registered manager about this. The registered manager said that an investigation would take place to consider these concerns.
- No written complaints had been received in the last 12 months.
- There was a policy and procedure in place if the need arose. The procedure did not include all relevant information such as how to contact the complaints authority and the local government ombudsman. The

registered manager stated that the procedure would be amended.

#### End of life care and support

- The registered manager said that people's care plans would contain their wishes and preferences about this care. After the inspection, the registered manager provided evidence that this information was in place. No one using the service currently required this care.

## Is the service well-led?

### Our findings

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

Requires improvement; Service management and leadership was not comprehensively consistent, as quality performance and risks had not been comprehensively dealt with.

Continuous learning and improving care; engaging and involving people using the service, the public and staff

- The provider carried out audits. These included checks on medication and health and safety systems. However, these had not identified issues such as whether people had been treated fairly and properly and they had choice in how they lived their lives, whether the heating was adequate to keep people warm and whether the provision of activities was adequate.
- Feedback had been obtained from people living in the service, their relatives, staff and professionals. However surveys had not contained analysis of the results or whether action needed to be taken. The registered manager stated this would be carried out. This will then enable people and other interested parties to see how their input affected how the service is run and whether improvements have been implemented.
- There were several issues which the registered manager was intending to address such the lack of personal emergency evacuation plans and the lack of information in care records about people's preferences.  
- Most people were satisfied with the service provided to them. A person told us, "I love it here. I love the staff."
- People told us there were residents meetings where they could put forward their views, such as if they were happy with the care from staff and what food they wanted to eat.
- Staff thought the service was always well run. A staff member said, "Yes, it is well managed. We try to help people and make their lives better."
- Staff meetings were held. Staff said they felt comfortable about raising issues and felt they had been listened to by management. They said action had been taken when they raised issues such as the food available to people.
- Systems were in place to ensure the service was learning and developing. The provider was planning to make improvements to the premises by redecorating people's bedrooms and renewing furniture.
- There was a registered manager at the service, which is a condition of registration.
- People told us they felt able to speak to the registered manager. One person said, "[Name of manager] is lovely to talk to. A nice lady."
- Staff said the registered manager was always available and would take part in any task that needed doing to help them.
- The registered manager was visible and engaged with people and staff in a friendly and supportive manner.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives said they would recommend the home to their friends and family. One person said, "It's a nice place to live." Another person told us, "I would say there's a lovely friendly atmosphere." A relative said, "Yes, I've had no problem with them."
- The registered manager understood the duty of candour responsibility if things went wrong. The rating from the previous inspection was displayed, as legally required.

#### Working in partnership with others

- The registered manager told us that the service worked well in partnership with the local GP and community services, including the local healthcare practice. Records showed that these agencies were involved in people's care for the benefit of people's wellbeing, such as mental health professionals and dieticians.