

Avery Homes TH Limited

Alder House Care Home

Inspection report

172a Nottingham Road
Nuthall
Nottingham
Nottinghamshire
NG8 6AX

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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 ●

Summary of findings

Overall summary

About the service:

Alder House is a residential care home in Nuthall (Nottinghamshire). It is registered to support 60 people, over three floors. On the day of the inspection visit, there were 52 people living at Alder House.

People's experience of using this service:

People told us that they felt safe. The service managed risks safely and there were enough staff available to support people. These staff were recruited safely, to ensure they were appropriate to work with people. The environment was managed safely, it was clean and odour free. The service followed good infection control procedures.

The service was effective in the way it supported people. People were supported in line with evidence based guidance to ensure their needs were met effectively. Staff had good knowledge of people's needs and had received appropriate training. People were supported to have a balanced diet and those at risk of weight loss were given appropriate support to manage this. People spoke positively about the food they were given. Staff worked collaboratively within the staff team, and with outside health and social care professionals. This ensured people received effective multi-agency support. Those people who required support making decisions (under the Mental Capacity act), were given this support in their best interests.

Everyone we spoke to told us that staff were caring. We observed caring interactions throughout our inspection visit. Staff actively involved people with planning their daily routines and listened to their preferences. People were given privacy and treated with dignity.

Care was very personalised to people's preferences. We found personalisation was the ethos behind the service, and one of its key strengths. Staff knew people's needs very well, and care plan records supported new staff to also have this knowledge quickly. Historic complaints and concerns had been listened to. People said that they have not needed to complain, but have faith in the registered manager to listen to them if they did complain. Those people who approached the end of their life, were supported in a dignified, caring and personalised way.

The service was well led. There has recently been a new registered manager in post. Staff spoke positively about their approach and leadership. It was apparent that the 'good' service managed by the previous registered manager had not changed. There was a clear governance framework and staff were aware of different responsibilities. People, stakeholders, outside professionals and relatives were all consulted on how to improve the service. Feedback was relayed to staff teams, and particularly praised staff were given additional recognition.

Rating at last inspection:

The last report was published as 'Good' (4 August 2016)

Why we inspected:

We last inspected in August 2016, and the inspection was required to ensure the service was still 'good'. We had no concerns which prompted this visit, and it was planned as part of our usual inspection schedule. We routinely inspect services rated as 'good'. This is to ensure the service remains at a good level and care is safe. We had no concerns when we planned this inspection. It was planned in line with our usual timelines.

Follow up:

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

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well led findings below.

Good ●

Alder House Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team included one 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. The expert by experience for this home had experience of supporting people with health and social care needs.

Service and service type:

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

Alder House accommodates up to 60 people across three floors, each of which has separate adapted facilities. There is both stair and lift access in the building. At the time of the inspection, there were 52 people living there.

The service is legally required to have a registered manager in place. There was a registered manager in place.

Notice of inspection:

This was an unannounced inspection.

What we did:

We asked the provider to send us a provider Information return (PIR). A PIR is a form that routinely asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. We used this information as part of our inspection planning. We also

offered the provider the opportunity to share information they felt was relevant.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also considered any information received from the public and professionals. We were informed of a coroner outcome of 'accidental death', which had no formal recommendations for the service. We used this information to plan our inspection.

During our inspection, we carried out general observations of care and support and looked at the interactions between staff and people who used the service.

We spoke with seven people who used the service and ten relatives. 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 four care staff, one domestic staff and the registered manager. We spoke with two visiting professionals. We looked at the relevant parts of the care records of five people who used the service. We also looked at three staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records. Following the inspection, the provider sent us further information that we required to make our judgements.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met

Assessing risk, safety monitoring and management

- People told us that they felt safe. One person told us "I feel very safe there are plenty of people around. They are only a bell push away."
- A relative told us "They have adapted the care to meet [person's] needs as they change They offer one to one support when [person] needs it to support with walking." We observed that care records reflected changing needs to ensure support was safe.
- Records showed us that careful consideration had been given to promoting people's independence while keeping them safe.

Using medicines safely

- The provider used an electronic medication system. A staff member told us, "the system makes it very hard to go wrong." We saw the system ensured that all prescribed medicine had been given, before allowing staff to move onto another person's records.
- The electronic system provided automatic and personalised prompts. These advised staff how people prefer to take their medicine. It also prompted senior staff if a person had refused their medicine.
- Those people who wished to self-administer were supported to do so safely.

Learning lessons when things go wrong

- Incidents that occurred at the service (for example, if a person had a fall) had been appropriately documented. Incident records clearly described the incident, and showed us that staff had reacted appropriately.
- We saw that incidents that had occurred, had been learned from. For example, referring to outside professionals for support or altering the person's care plan.
- We were informed that a coroner's inquest had been held for someone who had passed away following a fall at the service. The ruling was 'accidental death' and there were no formal recommendations. The registered manager informed us that the service had still taken this as a learning opportunity and amended some processes and forms to improve care. We saw these improved forms in place and working well.

Systems and processes to safeguard people from the risk of abuse

- A staff member said "Safeguarding is allowing people to live free from abuse and neglect. If I was concerned, I would tell a senior. If they didn't do anything I would go to manager." All staff we spoke to had good knowledge of safeguarding and what to do if they were concerned someone was being abused. Staff were confident that any concerns would be listened to.

- Staff were confident about whistleblowing procedures if they felt the organisation had not responded appropriately.

Staffing and recruitment

- A person told us "There is always a senior staff member I can see. They are always responsive." There were enough staff during the inspection visit. Rota's confirmed that this staffing level was usual.
- Staff were provided with a structured induction. A staff member said, "They then checked I was happy to work alone and you did because you felt confident after the induction."
- Recruitment records showed us that people had been recruited safely. For example, DBS checks had been completed to ensure the staff were appropriate to work with people.

Preventing and controlling infection

- A person told us "The cleanliness is second to none."
- We saw communal areas and people's rooms were clean and tidy. There was a clear rota and routine for cleaning staff to follow. This ensured all areas of the building were clean.
- Staff had been trained in infection prevention and control as well as in food handling and hygiene. We saw staff washed their hands and wore personal protective equipment when required, for example gloves and aprons.

Is the service effective?

Our findings

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

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

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

- Records showed us that care followed evidence based practice. For example, the service used the 'Malnutrition Universal Screening Tool' (MUST). This assesses the person's risk of malnutrition. We saw this had been appropriately used, and guided dietary care plans.
- Staff were aware of different law's which governed their work. For example, the Mental Capacity Act (2005) and data protection laws.

Staff support: induction, training, skills and experience

- People felt the staff were appropriately trained. One person said "I think staff know what they are doing on two levels. They know what they are doing and they notice other things too, they deal with things quickly."
- Staff told us that they received suitable training. We saw staff supporting people in line with their training.
- Records showed us that training was up to date. The provider had clear processes in place to assess staff competency.

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

- People reported positively about the quality of the food. People were supported to eat and drink a balanced diet.
- Staff worked hard to ensure those at risk of weight loss would be supported to maintain their weight. Fortified food was provided and we saw snacks were available throughout the building, and we saw staff encourage people to take these snacks. A relative told us "My [relative] has been losing weight and they are encouraging to have late night snacks which is really helpful."
- The menu was available on the outside of the dining room for people to choose from. Residents were again shown what the food choices were with plated samples.
- The meal time experience was positive. Tables were nicely set out and a staff member was serving a selection of juices or wine according to people's preferences.

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

- A visiting professional told us "They are fabulous, we come most days. The care is exceptional. Communication with us is great."
- A relative told us "[relative] gets [health condition] and they always notice and call the doctor."

- Records showed us that people had timely access to health professionals to meet their needs. Communication with professionals was clearly documented to ensure that all staff were aware of any changes.

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

- The building was purpose built to meet people's needs. Corridors were wide to allow the use of mobility equipment. Lighting was bright and supported easy navigation around the building.
- People were free to decorate their room with personal belongings. This allowed a personalised area for people to go to.

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. We saw the service worked within this framework.
- Mental Capacity assessments were completed thoroughly. If a 'best interest decision' was required, this was carefully considered and the less restrictive option used. Staff understood how the MCA worked in their everyday work.
- 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). People who required a DoLS had been referred to the Local Authority. There was a clear system to monitor people who had a DoLS in place.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were well treated and supported. A person said, "Yesterday I wasn't feeling well so I stayed in bed all day and they brought the food to me. This morning the staff brought me a cup of tea about 7 am. This was a lovely surprise." We observed that staff appropriately checked in on people who were not feeling very well.
- A relative told us "They are very kind I have not seen them angry or raise their voice or get cross. They have helped my relative when I was leaving one day. [Relative] got tearful and upset. They really comforted [relative]."
- Visiting relatives also spoke about emotional support that staff provided to them. A relative told us "When my [relative] was ill they comforted me and spent time with me. They were very supportive."
- We saw that the service recognised people's individual birthday's. A relative told us "When it was [relative's] birthday, they bought flowers and balloons and sang to [person]. It means a lot to them."

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

- People told us that they were free to express their views and were actively involved with planning their care.
- Care records supported that people and relatives were involved with care plan changes.

Respecting and promoting people's privacy, dignity and independence

- A person told us, "They always knock on the door – always." We observed that staff were mindful of people's private rooms and considerate when asking to enter.
- We saw that people were treated with dignity. A relative told us "When [person] was poorly, cleaners told us that they won't Hoover until [person] is awake."
- People were supported to live independent lives, for example those who could self-administer medicines were supported to do so safely.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We observed that staff personalised care to people's needs. Taking time to listen and provide appropriate support. One relative said "[person] is very deaf. But they are very good at giving [person] time to be understood. [Person] will just smile and nod, but they recognise when [person] doesn't understand". This responsive communication allowed people to engage with decisions about their care.
- People were free to engage in routines as they wished. A relative told us "Nobody stops [person] doing what they want. They adapt to [person's] needs, they encourage [person] to do things at different times." Another relative said, "If you want to be in your room, that's fine. If you want to come out that's fine. It's personalised. They don't take offence or force people to join in."
- Care plans reflected people's individual needs and preferences. Staff had good knowledge of the content of these care plans and how to support people.
- People spoke highly of the range of activities. One relative said "They have lots of entertainment. Dancing with local schools, nursery class visits, pets visiting, singers and yoga. The residents are always entertained. They have a pianist comes too." There was a display of all the activities for the week in the corridors and each of the people had a copy of this to choose from. We saw people engaging positively with activities.
- People's religious needs were catered for. We saw that a variety of religious visitors were arranged to the home. People spoke highly of this arrangement.

Improving care quality in response to complaints or concerns

- People told us that if they wished to complain, they felt they would be listened to and acted upon appropriately.
- We looked at the complaints file. No recent complaints had been made, historic complaints had been considered and actioned.
- We saw a letter from someone who had felt their historic complaint was not responded to well at the time. But praised the current registered manager's updated response to their complaint.

End of life care and support

- The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. End of life care was managed safely, effectively and compassionately.
- No one at the service was receiving end of life care at the time of our inspection. We considered a care plan of someone who had recently passed away. This end of life care plan was comprehensive and personalised. For example, statements like "[person] said they do not want sad faces by their bedside as they have always been happy and cracking jokes."
- Relatives were provided with emotional support. We spoke to a relative of someone who had passed away. They told us "They explained how our loved one is changing, they are really supportive of us. Give us emotional support with that."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- □ There was a clear structure of staff roles and responsibilities at the service. Documentation was clearly organised and staff were aware of the purpose and location of required documents. This clear organisation promoted good quality care.
- □ Staff were provided with regular supervision and competency checks. A staff member told us "Supervisions are useful chances to talk to other staff about how we are doing and what changes could be made." The regular supervision ensured that concerns were highlighted promptly and staff were listened to, to improve care.
- □ Without exception, people, relatives and visitors spoke highly of the registered manager. A person told us, "[registered manager] is the best, there is no one like [manager]. Not many managers do what [Manager] does, [manager] is very nice."
- □ We saw the registered manager was involved with daily care tasks. They told us that this helped them understand the people that they support. The registered manager had excellent knowledge of the people they cared for.
- □ All regulatory requirements had been met during this inspection. Staff and the registered manager had good knowledge of the requirements expected of them.

Continuous learning and improving care

- □ Any incidents that occurred at the home were learnt from. There was clear record keeping showing what incident occurred, how staff responded and what reflection had occurred to improve care.
- □ Staff spoke about the managers encouragement to make suggestions. Staff felt that any suggestions would be listened to and valued.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- □ There was a clear ethos of team working to promote person centred care. A relative told us, "Staff appear very happy. The atmosphere is really good. That can only come down from the top." Another relative told us, "They have an excellent team spirit. They get on well and there is never any conflict."
- □ Care records were in depth and showed a clear consideration of people's diverse needs and preferences.
- □ Staff were keen to tell the inspection team about the positive experience of working at Alder House. Staff said that they were proud to provide the good quality care that they do.

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

- Visitors and staff were encouraged to nominate staff who they felt were exceptional. These nominations were reviewed by the manager monthly and resulted in a 'Hero of the month' award. This award would recognise one particular staff member's contribution to the service. On the day of inspection, we saw a staff member was awarded 'hero of the month'. The registered manager explained that this particular staff member had been nominated by four staff and four relatives for outstanding care. We saw they were recognised with a certificate and gift voucher. A passing person gave them a hug and congratulated them. This recognition of the staff member promoted good quality care.
- Complaints were dealt with appropriately. A person told us "I would not hesitate to complain but I have not had to so far. They have all been very accommodating." A relative told us, "There is always staff around to talk to if you have any concerns. They listen to concerns and explain what will happen."
- Formal reviews, resident meetings and questionnaires were also used to encourage feedback to the service. Visitors commented that the registered manager made an effort to greet them on arrival, and this built a more open communication between visitors and management.

Working in partnership with others

- We spoke to two visiting professionals. Both spoke positively about the care provided at Alder House. They reported that communication was good, and professional recommendations were followed to improve care.
- Partnership working was also evidenced throughout care files, and people had access to professionals in a timely and appropriate way.