Cedar Care Homes Limited

Aabletone Nursing Home

Inspection report

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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

The inspection took place on 12 October 2017 and was unannounced. The service was last inspected in June 2015 and met with legal requirements. Aabletone care home is registered to provide nursing care for up to 42 people. There were 29 people at the home on the day of our visit.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a team of staff who were caring and respectful in their approach to the people they supported. One person said "They are very good to us they are all very kind to me".

People were positive in their views of the menu options that were available for them at the home. People repeatedly told us "The food is really good." People were properly supported to eat and drink enough to be healthy. The menus were devised based on the preferences as well as dislikes of people.

The systems in place for managing people's medicines were safe. There was a quality checking system in place for assurance and people were given the medicines they needed. Staff training for medicines administration supported nurses to give people their medicines safely.

Each person's range of care needs were identified in their care records and care plans showed how to support people in a way that met their needs. This meant people received care that was planned well and in the way they preferred.
People and staff had positive and warm relationships between them. Whenever possible, people were involved in making decisions about how they were supported. The staff ensured that privacy and dignity were maintained at all times.

People said they felt happy and appreciated enjoyed daily life at Aabletone. We saw that staff interacted effectively with people and supported them to lead meaningful lives.

There was a variety of suitable social and therapeutic activities for people to take part in. We saw individual

activities took place as well as group ones. Entertainers performed at the home regularly, including a singer who performed for people. There had also been a recent visit from a local organisation bringing exotic pets, including a snake. We saw how much people living at the home appreciated the entertainments.

People were assisted by staff that were trained and developed in their work to improve their skills. Nurses were encouraged to attend training courses to assist them to deliver nursing care and support based on current best practice. Staff were being properly supported and supervised to do their jobs effectively and provide safe and good quality care. Supervision records of meetings to support staff effectively perform their work were up to date. Staff were supported formally in groups and in one to one meetings.

Quality checks on the overall quality of care and service people received were undertaken regularly. Where needed, they identified actions for the registered manager to improve the service. They had recently picked up that team communication could be developed further. This action had been carried out by the registered manager.

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 remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Aabletone 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.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We reviewed the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR set out information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

This inspection took place on 12 October 2017 and was unannounced. The inspection was carried out by one inspector and a Specialist Professional Adviser (SPA).

We spoke with 19 people who lived at the home and two visitors. Staff we spoke with included the senior manager, registered manager, two nurses, seven care staff, domestic and catering staff.

We observed how staff interacted with the people they supported in all parts of the home. We looked at care records and charts of five people and ten medicine records. We viewed other information in relation to the managing of the service and quality monitoring. This included quality assurance audits, training information for care staff, staff duty records, meeting minutes and arrangements for responding to complaints.

Good

Our findings

People told us they felt very safe with the staff and living at the home. To help keep people safe from outside risks, entry to the home was gained only via a secure front door bell. People had to wait for staff to let them into the home. There was a CCTV camera system outside the home. There was a policy in place to ensure this was in operation in a way that was legal and did not impact on the rights of people.

There was a system in place to protect people from harm and abuse. Staff knew what the different types of abuse were that could happen to people. The staff were also up to date about how to report concerns about people at the home. The staff said they found the registered manager very approachable at all times. They said they would go to her immediately if they were ever concerned for someone. A copy of the provider's procedure for reporting abuse was displayed on a notice board in a communal area of the home. The procedure was written in an easy to understand format to help make it easy to follow There was also other information from the local authority guiding people how to safely report potential abuse.

Staff told us they had been on regular training on the topic of safeguarding adults from harm and abuse. Staff told us that safeguarding people was also raised with them at staff supervision sessions. This included making sure that staff knew how to raise any concerns. Staff also had awareness about whistleblowing at work and how they could do this. Staff understood they were protected by law if they reported suspected wrongdoing at work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact if they wanted to raise any concerns about the organisation.

The registered manager reported safeguarding concerns appropriately. Notifications had been made when required to the Care Quality Commission and the local safeguarding team were informed when required.

The registered manager told us the numbers of staff needed to meet the needs of people at the home were adjusted whenever it was required. For example when people were physically unwell and required extra care. The numbers of staff needed to provide each person with their care were worked out based on how much support each individual required from staff. Our observations and the staffing rotas confirmed there was enough staff on duty at any time to provide safe care. Where there was staff needed, this was planned for and cover was in place. The registered manager explained how the numbers and skill mix of staff on duty each day were regularly reviewed using the provider's own dependency tool. This was to help to make sure there were the right numbers of competent staff to meet the needs of people at the home. These numbers were altered and increased when this was needed. This could be when people were extremely physically

unwell and needed more care and support.

The risk to people from unsafe staff were minimised by the provider's recruitment procedures for taking on new staff .The systems in place helped to ensure people were supported by suitably qualified and experienced staff. Thorough employment checks were completed before a new employee could start employment. There were records maintained of the interview process for each person who was recruited. References were sought, one of which, when possible was the last employer. Where someone had gaps of time in employment history this was discussed with them to find out the reasons why. There was also a Disclosure and Barring Service (DBS) check carried out for each member of staff before they could start working for the organisation. A valid DBS check is a legal requirement. It is carried out to prevent unsuitable staff being recruited to work with vulnerable people. Registered Nurse's PIN numbers were also checked with the Nursing and Midwifery Council (NMC). This was to confirm if they were judged to be fit to practice as a nurse.

Incidents and accidents in the home were properly reviewed and learning took place to ensure people were safe and to also improve the service. The records we looked at showed staff recorded what they had done after an incident and occurrence to keep people safe. Risk assessments had been updated after any incident where a risk was identified. For example, one risk assessment had been updated after one person had experienced a number of falls. Actions that were needed to support the person to move safely were clearly set out in their risk assessment and care plan. The registered manager looked into each incident and occurrence to look for patterns and trends and better ways to reduce risks to people. This showed they were closely monitoring the safety of people and staff.

Medicines were generally managed safely and the nurses' ensured people were given them at the times that they were needed. We saw the two nurses on duty give people their medicines by following a safe procedure. The nurses checked they were giving the correct person their medicines. They also talked to each person and told them what they wanted to give them and what it was for. The nurses stayed with each person while they took their medicines. Medicine administration records were accurate and up to date and they showed when people were given their medicines or the reasons why they had not had them. Medicine supplies were kept securely and regular checks of the stock were undertaken.

Checks were carried out to ensure that electrical equipment and heating systems were safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked. Maintenance staff were attending to the premises on the day of our visit. After these were undertaken, actions were put in place when needed to make sure the premises were safe and suitable.

We found that the environment looked safe in the areas that we viewed. Potential environmental health and safety risks were identified and suitable actions put in place to minimise the chance of harm and to keep people safe. For example, there was guidance in place that was openly displayed about how to use the lift as well as how to stay safe in the garden area, and near the kitchen area. To keep the premises safe and free from unnecessary risks and hazards, there were regular checks and full audits carried out. There was a checking system to aim to ensure that all pressure relieving mattresses were correctly set. However we saw that three of the mattresses may not have been set at the correct level to function correctly. We brought this to the attention of the registered manager. They told us they would complete one of their regular full audits of all the mattresses that were currently being used.

Good

Our findings

People were positive in their feedback about how they were being supported at the home. One person told us "They are very nice girls here." Another person said that "The staff are all very kind and they look after us very well." We saw the staff provided people with care that met their needs effectively. People were well supported with personal care and looked clean and well groomed. The staff assisted people with their moving and mobility needs. We saw staff used mobility equipment correctly. They talked to each person they were assisting. Staff also ensured people were sat in a comfortable position in chairs and in their beds before they had meals and drinks. We also saw staff assisted people who were being cared for in bed. The staff sat with people and spent plenty of time with people encouraging them with their care and with eating and drinking.

Staff were able to tell us about the Mental Capacity Act 2005 and confirmed they had attended training. The Mental Capacity Act 2005 is a legal framework which protects the rights of people who do not have capacity to make a particular decision for themself. There was guidance available about the Deprivation of Liberty Safeguards (DoLS). This information meant staff could access guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application. There were no DoLs authorisations in place at the time of our visit. However, an application had just been made by the home. Each care plan contained signed mental capacity assessments that related to people's needs. The staff told us how the principles of the Act included respecting the right of peoples in care to make unwise decisions and assuming they had capacity unless they had been assessed otherwise

Staff understood the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people they supported at the home. DoLS are put in place to try and ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. We saw that, if applications for DoLS were being considered that best Interest meetings were always held.

Staff knew how to obtain consent. They also knew about the importance of ensuring the rights of people were protected before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out any care or support with the person. People's care records showed they had signed to show their consent to care, where able to do so. Families were involved

when people were not able to sign their care plans. When it was appropriate families were involved in planning their care.

People had positive views of the meals they were served at the home. Examples of comments included "The food is really good", and "The food is always hot and you get a choice". People told us other choices were always available if they did not want the main meal option. People were served breakfast and lunch during our visit. The dining rooms looked light and welcoming. There was also a relaxed atmosphere and warm interactions between people and staff. This was seen by good humoured interactions between them. The staff talked with people and told them what the food choices were at meal times. The staff were organised and they communicated among themselves to ensure people were served their meals without delay.

People had a care plan when needed to ensure they received nutrition in a way that met their needs. Care plans included information about people's like and dislikes. There was also information about any allergies they may have. Where there were issues about a person's weight, there were measures in place to support them. Certain people had nutritional supplements prescribed by their GP. Other measures in place included making sure people were offered drinks and snacks between their main meals. In one person's plan, high calorie items such as full fat cream were identified to help increase the person's calorie intake. People were weighed regularly to monitor whether there were any significant changes that might require the attention of a health professional.

People were cared for by a team of staff who were properly supported to meet their needs. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff met with the registered manager or named supervisor to review their performance. We saw how the registered manager was supervising staff in a positive way. This looked at their strengths and how they could improve and develop in their role. The staff also discussed at each meeting the needs of people they supported. This meant people were assisted by staff who were well supervised and motivated in their work.

Staff were being encouraged and developed in their work. This was to help ensure they could provide effective care to people and meet their needs effectively. New staff went on an in depth induction training programme before they began working at the home. The induction programme covered learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in depth induction programme and this had included working alongside experienced staff learning how to provide good care.

Training records showed that there was frequent training available for staff. Recent training staff had been on, included wound care, end of life care, health and safety, infection control, person centred care, dignity in care, and nutrition. This was to ensure they had the skills and knowledge to effectively meet people's needs.

Good

Our findings

People had positive comments about the care provided. One person told us "They look after us with kindness." Another person said "They make you feel you matter to them ". The staff we spoke with said they that they felt people were well cared for at the home. The staff also said a key value of the organisation they worked for was to always treat people like family who were in their own home.

On the day of our visit a funeral commenced from the home at the request of the family of the person who had died. The registered manager and the staff team were sensitive and respectful as they paid their final respects to the person. We saw that staff were also caring and respectful towards their family.

We also saw that people were treated with a caring and kind manner by the staff. The staff were friendly, gentle and caring when they provided support to people. We heard constant positive interactions between people at the home and the staff. Staff joked with people in a gentle way and they responded warmly to this approach. We also saw staff use gentle touch and a patient manner to support people who were anxious and upset in mood.

The staff were knowledgeable about the care people required and what mattered to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. People who used the service and their relatives confirmed that the staff knew the support people needed and their preferences about their care. One person told us, "The staff have become like family to me they ask me what I want and when they can sit down and have a chat."

The staff were able to communicate effectively with the people they supported. We saw how the staff assumed that people had the ability to make their own decisions and we heard them offer people choices in a way they could understand. Families we spoke with told us that they were able to visit their relatives whenever they wanted. They said that there were no restrictions on the times they could visit the home.

The staff told us that people who lived at the home could go to regular communion and other services if they wished to practise their faiths. They told us they also had formed close links with a local church. Care records included information about people's wishes for the end of their life care. People's preferences and wishes for their chosen place of care and specific funeral arrangements were clearly set out. The staff had been on end of life care training sessions. This meant staff had an insight into how to provide sensitive care to people at the end of their life.

When people could not easily express their wishes or did not have family or friends to support them to make decisions about their care needs. There were links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Our findings

People had care plans in place that were generally clear about their needs and explained the care and support that they required to support them with their care. Certain care plans lacked some detail, for example how to safely support a person who was using oxygen. The care plan did explain how to do this but didn't fully set out how to help them to keep their nose and skin area comfortable while using oxygen therapy. Care plans addressed a range of people's needs including mobility, personal hygiene, nutrition, communication and social care needs. There was information about the life history of the person and what had been important to them before coming to live in the home. This included details such as countries the person had lived in, jobs they'd had and relationships that were important to them.

The staff also conveyed they had a good understanding of the needs of people they were looking after. The staff were able to tell us about each person's individual preferences and daily routines. These included when a person chose to get up as well as how they liked to spend their day, and what they liked to eat and drink. We heard the staff ask people what time they wanted to get up, and where they wanted to sit for lunch for example. Care and support duties and tasks were allocated so that each person's needs were met and no one was missed. Staff were allocated a small group of people to support throughout the day or night. Staff explained they read care plans every day and this also helped them keep up to date about individual's needs and how they liked to be supported. Caring for people in small numbers was an effective way to ensure people received an individualised service.

Nurses who were responsible for writing care plans told us they always relied on information fed back to them from people, their families and staff. This was to ensure that plans were accurate and up to date. Care plans were regularly reviewed and updated when a person's needs changed. The staff told us that they reported any concerns about a person's needs changing to the nurses and these were responded to promptly.

We saw people's own rooms were personalised with their own photographs and other items of personal value. The home environment had also been redecorated since the last inspection. Rooms through the home were now decorated in lighter brighter colours. People told us how much they preferred the way the home was now decorated.

There was a programme of activities in place that people could take part in if they wished to. A full time activities co coordinator was supported by a person in a new role. This was a member of staff known as a hostess. This role was a new initiative and a key part of the role was to engage very proactively with people

and their families. We received positive feedback about the opportunities for activities. People spoke positively about the entertainers that attended the home and told us they enjoyed taking part. We were told that not everyone was interested in or wanted to participate in organised activities. The activities coordinator made time to spend with people on a one to one basis.

The activities coordinator regularly took people out to the local shops and tried to share these opportunities out fairly to people in the home. We were also told that on occasion links had been made with the local community, such as local school children attending the home at festival times such as at Christmas and for a harvest festival.

The views of people, families and staff were actively sought to improve how the home was run. Surveys were sent to people on a regular basis. People were asked for feedback to say if they had any complaints about the service. They were also asked for their views of the staff, the food, social activities, and the type of decorations in the home. The provider addressed the feedback that people gave whether it was positive in nature or negative. We saw detailed actions were taken by the manager to address them. The provider had recently reviewed menus, staffing levels and social activities.

People and families were given information about the service as well as how to make a complaint. Each person was given a copy of the service user guide to inform them about life in the home. The service user guide was written in an easy to understand style. It also included information about the numbers of staff, the training they had completed, as well as the accommodation, daily life and the meals provided at the home. The philosophy of care and how the service met people's needs was also explained.

Staff told us their role included supporting people make their views and concerns known to management. The provider's complaints procedure was available to people on display in the home. People knew how to make a complaint. The people we met said that they had not needed to make a complaint but knew what to do if they needed to make one. We saw that when complaints had been received over the last year they had been fully investigated. People were sent a letter and an outline of actions and learning that were taken after they had raised matters in the home. For example one person missed a therapeutic activity they had been really looking forward to due to a lack of staff planning to support them to attend the event. An apology was given and the event was restaged for them to enjoy. This showed that there was an open management approach to complaints.

We saw that feedback and compliments cards that had been received from families of people who had lived at the home were positive. Relatives had said how kind and friendly the staff team were towards their relative and to them. There was a copy of the complaints procedure in each service users guide. This explained to people how to complain about the service. This helped ensure people had the information they need to make a complaint. The complaints procedure contained up to date contact information for the ombudsman and for CQC if a person wanted to contact these organisations directly.

Good

Our findings

The staff all felt that that the registered manager was open in their management approach. We saw they were available and spent plenty of time with people and with the staff during our visit. The staff also told us that the registered manager worked alongside them regularly and always helped them if they needed extra support with people at any time. This was evident during our visit as we saw the registered manager support people and spend time with staff that needed their support. Staff were able to make their views known about the service. The staff told us that staff team meetings took place regularly. The staff said they could always make their views known to the registered manager. All of the staff spoke highly of the registered manager who they said was "a lovely person" and " very supportive." The staff said that the registered manager and senior manager were both supportive of them. They said they were always interested in their views and in their well being. The senior manager explained that a part of their role included supporting the registered manager. This was to help them clearly understand their specific roles and responsibilities at Aabletone.

The registered manager explained that they always maintained an open door policy for everyone at the home. We saw how this was evident as staff and people were very relaxed about approaching the registered manager whenever they wanted to see them. Visitors also approached the manager and were really relaxed with them. This approach further benefited people as it was evident from our discussions that the registered manger had a very good knowledge of the needs of each person at the home.

The registered manager had put in place a number of new initiatives in the home. They had started a project to motivate staff to think in a more person centred way. Information about this project was displayed in the staff room. Staff were encouraged to think about what makes care person centred and also to come up with creative suggestions around care.

The registered manager kept themselves aware of current themes and best practices around care for older people. They went to meetings with other professionals who worked in the sector of adult social care. We saw information and learning was shared with the team at staff team meetings. There were also articles and journals about health and social care matters on display to be read by staff.

The provider also had an online system to audit the care and service provided. For example, to check if people had received care and support that they needed in a timely way, and by the right number of staff. Trends were also found for example, if people's mobility levels changed, or if people became agitated at specific times of day or night. Further checks on quality and safety were carried out regularly on a number of

areas of the home and how it was run. These included checks on the care plans and risk assessments, quality of food, infection control, health and safety, medicines management, and the prescribing of medicines such as antibiotics. When issues had been picked up, the registered manager had then put in place an action plan to address them. For example, the registered manager and care manager had identified that improvements could be beneficial to staff around team communication. We saw that the improvements needed had been put in place and the systems for staff and team communication of information were now clearer and more effective.

Staff told us there was good open communication and teamwork among them. They said the team worked well together and were effective at providing people with high quality care. The staff also confirmed that there were regular team meetings. These were to discuss concerns, improvements, the needs of people at the home and any suggestions that staff may have. Staff said they were supported to contribute and make suggestions to the management. This was to improve overall service delivery. The staff said they felt their opinions and views were always respected and listened to by management. The staff also added how they felt there was an open and supportive culture among management at the home. They said they could make suggestions and were listened to by management and by the provider. These views from the staff helped to demonstrate how the service was committed to listening to people and staff and other relevant parties. This was to continue to make improvements in the way the home was run.

An externally employed independent assessor also regularly carried out full assessments of the quality and safety in the service. After each assessment the registered manager had to write an action plan to address their findings. This was to set out how they would address shortfalls in the service and make any necessary improvements to the service that were needed. For example some shortfalls in recording had been noted. An action plan with timescales and clear goals had been put in place to fully address this. If needed any issues could also be followed up by the senior manager we met and the clinical care manager. This was to make sure improvements that had been put in place and were effective. This also helped ensure the service continued to develop and further drive up standards and quality.

The staff clearly understood what the provider's visions and values and expectation of the service were. They knew they included being person centred with people, and 'putting life into years' by all of their actions towards the people they supported at the home. They said this also included treating them with respect and care at all times. The staff told us they tried to make sure they always used and followed these values. The staff felt helping people make choices in their daily life was one way they showed these values.