

Carebase (Colchester) Limited

Alderwood Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The last inspection took place in February 2014 and the service was found to be meeting the requirements. This inspection took place on 15 August 2014 and was unannounced, which meant the provider and staff did not know we were coming.

Alderwood Care Centre provides nursing and residential care for up to 65 older people, including people living with dementia. On the day of our inspection there were 64 people using the service. The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality

Summary of findings

Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. A registered manager was in post at the time of the inspection.

The procedures to manage risks associated with the administration of medicines were not always followed by staff working at the service.

We found the staff knew what to do if they had any concerns about people's welfare. Staff had received training on safeguarding adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They also knew how to manage risks to promote people's safety, balanced with their right to take risks.

People were supported by appropriately recruited and trained staff that had the skills needed to carry out their duties. The staff knew the needs of the people they supported. They worked in a way so as to promote

people's independence. People had access to health and social care professionals as and when they needed them. Prompt action was taken in response to illness or changes in people's physical and mental health.

People told us that they were pleased and happy with the care and support they received at the service. They told us their likes, dislikes and preferences were central to how their care was provided. The staff respected their choices about all aspects of their lives.

The registered manager and designated staff consistently monitored and reviewed the quality of care people received at the service. Management audits were carried out on all aspects of the service, such as people's care records, staff recruitment records, the environment, building upkeep and equipment.

The service encouraged feedback from people using the service and their representatives, to identify, plan and make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The procedures to manage risks associated with the administration of medicines were not consistently being followed by staff working at the service.

The staff had an awareness and knowledge of the Mental Capacity Act (MCA) 2005, which meant they could support people to make choices and decisions where people did not have capacity. They also had an awareness of the Deprivation of Liberty Safeguards (DoLS) which protects people who may need to be deprived of their liberty, for their own safety.

The staff recruitment procedures made sure that staff were suitable to work with the people who used the service.

Requires Improvement



Is the service effective?

The service was effective.

Staff received on-going support from the management to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

People had access to external health and social care professionals to help keep them well.

Good



Is the service caring?

The service was caring.

The staff provided support to people in a caring, sensitive and dignified manner.

The staff took an interest in people and were knowledgeable of people's care, treatment and support needs.

The staff worked together with people's representatives and their families to provide individualised care.

Good



Is the service responsive?

The service was responsive.

People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed how people wanted to be supported. People told us they could choose how this was provided.

Good



Summary of findings

People who used the service were supported to continue with their choice of hobbies and interests, to access the community and attend social events as they wished.

Family members and friends continued to play an important role in people's lives working in partnership with the staff.

Is the service well-led?

This service was well led.

There were systems in place to make sure the service learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

Good



Alderwood Care Home

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors. Before we visited the service we checked the information that we held about the service. We reviewed the provider's information return (PIR). This was information we had asked the provider to send us about how they were meeting the requirements of the five key questions.

We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC and a legal requirement, it sets out what services are offered, the quality of care that can be expected and how the services are to be delivered.

We reviewed the statutory notifications we had received from the provider. Statutory notifications tell us about important events at the service, which the service is required to send us by law.

During our inspection, we spoke with seven people who used the service, four staff, four visitors and the registered manager. We reviewed the care records of five people who used the service. We also reviewed records in relation to staff recruitment, training and support, medicines and management quality audits.

We used the Short Observational Framework for Inspection (SOFI) tool. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us."

Is the service safe?

Our findings

We spoke with four visitors during the inspection visit. All of the visitors told us they were pleased with the care of their relatives living at the service. One visitor said, "I cannot find any fault with the home. I have no concerns about the safety of my relative. I am very happy with the care they receive. I have recommended the home to other people."

All the staff members we spoke with told us they had received training on the Mental Capacity Act 2005 (MCA) and understood what it meant. They were able to describe how they supported people to make their own decisions as much as possible. We saw that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. The best interest decisions had involved family and / or people's appointed representatives. This meant that people's rights were protected in line with the MCA legislation.

We looked at whether the service applied the Deprivation of Liberty Safeguards (DoLS) appropriately. The safeguards protect the rights of adults using services by ensuring that any restriction on their freedom and liberty are assessed by people who are trained to assess whether the restriction is needed. The registered manager knew about the recent DoLS supreme court ruling, which meant that people who were not previously subject to a DoLS authorisation may now be required to have one. It was confirmed during our visit that no one using the service was being deprived of their liberty.

The staff were able to tell us how they would raise any concerns they had about people's safety. They told us they were aware of the safeguarding and whistleblowing procedures. They told us they had received training to on how to recognise and report abuse and they felt they would be supported by the management team in raising any safeguarding concerns. One member of staff said, "I feel very confident that if I had any issues or concerns about people's safety that they would be quickly dealt with."

Appropriate arrangements were in place for managing risks. Risk assessments were in place for people identified at risk of falls, poor nutrition and the risks of skin pressure ulceration. We saw that the guidance within the risk

assessments was followed by the staff. We also saw that changes in people's health conditions was shared with other healthcare professionals and commissioners involved in the monitoring of people's care.

Health and safety audits were routinely carried out on the premises and equipment. Plans were in place for responding to any emergencies or untoward events. Contingency plans were in place for emergency situations, such as the outbreak of fire. We saw that regular fire drills took place to ensure the staff were familiar with the fire procedures and understood their roles when responding to fire emergencies.

Monitoring systems were in place to analyse accidents and incidents that had or had the potential to result in harm. This meant that suitable arrangements were in place to assess and manage risk to an acceptable level.

We observed staff as they assisted people who required assistance to move using equipment such as, hoists, wheelchairs and walking frames. The staff clearly explained what they were doing,

gained the person's consent and cooperation and the moves were carried out safely.

The staff members we spoke with told us there was usually enough staff on duty to meet people's needs. We saw that systems were in place to manage and monitor how the staffing was provided to ensure people received the agreed level of support.

We looked at the staff recruitment records for four recently recruited staff. The records included evidence that pre-employment checks had been made including written references and satisfactory Disclosure and Barring Service [DBS] clearances. These included checks with the Criminal records Bureau [CRB]. We also saw that appropriate documentation was obtained to verify the identity of the applicants. This meant that staff employed were suitable to work with people who used the service.

Before the inspection we reviewed the statutory notifications we had received from the provider. A number of notifications had been received that informed us of errors found during medicines audits carried out at the service by the provider. This prompted us to include the review of medicines management in our inspection.

We observed staff while they administered medicines to 14 people. They followed the correct medicines

Is the service safe?

administration protocols when giving people their medicines. However we noted one member of staff gave a person their medicines and did not supervise the person in taking their medicines. The person did not take their medicines and they were returned to the member of staff. This meant the person did not receive their medicines as prescribed; the registered manager addressed our observations directly with the member of staff at the time of the inspection.

Best interest decisions were in place for people who lacked the capacity to understand the detrimental effects on their health when refusing to take their prescribed medicines. The decisions were carried out following the principles of the Mental Capacity Act 2005 code of practice, which involved health care professionals and family members. This meant that people were protected from their health deteriorating due to a lack of understanding the consequences of their actions.

We sample checked the medicines administration records (MAR) charts for people who used the service. The MAR charts for 12 people were signed by the staff when giving people their medicines. However two people's MAR charts had not been signed by staff, the staff confirmed they had given the people their medicines but had not signed the MAR charts at the time.

We looked at the provider's monthly medicines audit records and saw that missing staff signatures on the MAR charts was a reoccurring problem. However we were unable to identify what actions had been taken by the provider to rectify the problem. We concluded that the procedures to manage risks associated with the administration of medicines were not consistently being followed by all staff working at the service.

Is the service effective?

Our findings

We saw that as people's needs changed it was documented within their care records. It was also recorded when the staff had arranged for people to be seen by external health care professionals. One person said, "When I was ill the care I received was second to none. The staff really went out of their way to look after me."

The staff members we spoke with told us they had completed the provider's induction training period. The staff training records also confirmed the staff were provided with specific training to meet the needs of people who used the service, which included, dementia care, management of pressure area care and nutrition and hydration. We also saw that copies of staff training certificates were held on the staff files.

The provider had arranged for staff to attend a two day dementia awareness course. The course was entitled 'A virtual reality of dementia' with the aim of giving staff an insight and better understanding of how dementia can affect people's perception and behaviour. One member of staff who had attended the course said, "I really enjoyed it, it was real eye opener" they spoke of how the course had given them a greater understanding of caring for people living with dementia and how to support people to live a good quality of life.

Appropriate systems were in place to support staff in providing quality care for people who used the service and continually review how effectively they were doing their job. The staff told us they felt supported by the

management and they regularly met with their supervisors. They told us 'supervision' meetings gave them the opportunity to discuss their development and learning needs.

Over lunch the ambiance within the dining room was relaxed. The tables were neatly set with clean table cloths, placemats and napkins. Condiments of salt and pepper were on the tables. Drinks of water and juice were provided by staff for people according to their choice. People were offered a choice of meals and given their choice of meal, which were nicely presented.

Staff provided assistance for people who were unable to eat their meals independently. Eating and drinking support was provided with sensitivity and at a pace set by the person. The support and assistance provided for people was conducive to creating an enjoyable mealtime experience for people who used the service.

Arrangements were in place for people to have access to dietary and nutritional specialists to help meet their assessed needs. People at risk of not eating or drinking sufficient amounts had their daily food and fluid intake recorded and their weights regularly checked. Fortified diets were provided for people with higher fat and calorific content and specialist food supplements were given to people as prescribed.

We looked at the care plan for a person who was unable to take their foods and fluids orally and received nutrition and hydration through a tube fed directly into the stomach. There was detailed information within the person's care plan on the management of the tube feed.

Is the service caring?

Our findings

People told us they were happy with their care, that the staff treated them with kindness and compassion. One person said, "I like the place it's wonderful, you couldn't get any better." Another person said, "It could not be better." One person commented about the staff being kind and very caring, this person also said, "I think the male staff are exceptional, especially one."

One person who used the service said, "The staff are really good; we have a laugh and a joke. We have got to know each other really well." The person also told us that the staff had been very supportive in helping them come to terms with a recent bereavement.

People told us they felt involved and that the staff asked them about how they wanted their care provided. They told us they attended resident meetings and we saw that the dates and times of the meetings were available in the front entrance of the home. One person said, "I go to the resident

meetings. I am very vocal. The staff know me very well." The same person said, "The owner comes here quite often. They know who I am and I have a good relationship with them."

Four visitors all confirmed that visiting times were flexible. They told us the staff were approachable and made them feel welcome. One visitor said, "They are always cheerful and friendly. They're always smiling. They genuinely care."

We used the Short Observational Framework for Inspection (SOFI) tool and we also made general observations of the care people received during the inspection. The staff treated people with dignity and support was provided discreetly. The staff acknowledged and spoke respectfully to people and responded promptly to requests for assistance. There was friendly chat between the staff and people who used the service and they spent time socialising together.

The staff members we spoke with had a clear understanding of the role they played in making sure people's privacy and dignity was respected. We observed that staff knocked on people's bedroom doors and bathrooms and waited to be invited in before entering.

Is the service responsive?

Our findings

People were asked about their individual preferences, hobbies and interests and any cultural or religious requirements. The staff members we spoke with were knowledgeable about people in their care. People were supported to follow their own interests, take part in social activities and maintain relationships with people that mattered to them. One person said, "My choices are always respected." We spoke with two visitors who told us they visited their relatives daily and felt involved in supporting their relatives. One visitor told us they regularly visited at tea time because they liked to support their relative with eating their meal. They said, "It is something practical that I can do. I like to help in any way that I can."

The staff facilitated people to spend their time as they wished. One person said, "They always listen to what I say. I can choose when I want to get up, go to bed, anything I want to do really."

We looked at five people's care records. Pre admission assessments had been carried out by social and healthcare professionals prior to people being referred to the service. On admission to the service people's needs were reassessed to identify any changing needs to ensure the right care was provided. People were asked their views about how they wanted their support to be provided and the care plans were regularly reviewed and updated as and when people's needs changed.

People talked of enjoying the activities and entertainment provided at the service. There was information on display of up and coming events, including outside entertainers visiting the service. On the day of our inspection an outside entertainer provided musical entertainment and the event was well attended by people using the service. During the afternoon a dance based exercise session took place, there was lots of laughter and people were seen to enjoy the dance session.

On the day of our inspection preparations were underway for a Barn Dance due to take place in the garden, at the weekend. We saw that a marquee had been set up complete with bales of hay, tables, seating and lighting. People who used the service, visitors and staff spoke enthusiastically about the event and how much they were looking forward to it.

People told us that they knew how to raise a complaint if they needed to; one person said, "I would not hesitate to speak directly with the manager, if I ever had any cause to complain." Information about how to raise complaints was displayed on notice boards throughout the service. We looked at records of complaints and found that they were appropriately recorded and investigated in line with the provider's complaints procedure. This meant that people knew how to make a complaint and could be assured their complaints were acted on appropriately.

Is the service well-led?

Our findings

The people we spoke with were positive about the quality of the service they received. They confirmed they were asked for feedback on their experience of using the service. We saw that people had been asked to complete satisfaction questionnaires and the provider used the information gained from the feedback to identify further improvements to the service.

The staff we spoke with told us they felt valued and confirmed that the registered manager and senior staff provided them with support and advice. One member of staff said, "I feel very supported by the management team, they are very approachable. There is a good atmosphere and I feel valued." They also told us that there was good communication and teamwork between the staff. One member of staff said, "This is the best care home environment I have ever worked in; it's a really good care home to work for." Another member of staff said, "I would recommend the home to anyone. I would be very happy for my mother to live here." One member of staff said, "If I have any concerns the manager is always approachable."

The staff confirmed that regular staff meetings took place, at which they discussed the needs of people who used the service and share ideas for any improvements to the service. We saw that minutes of staff meetings were available to demonstrate the meetings took place.

The provider operated a staff recognition awards scheme. A 'star of the month' award recognised staff who had demonstrated outstanding compassionate care practice.

There was also an annual 'heart of gold' award that involved staff being nominated by people who used the service, colleagues and relatives. All of the staff members we spoke with were very complimentary of the management support they received. One member of staff said, "I really feel valued and genuinely supported by the management."

The manager spoke with knowledge of the service and was aware of their management responsibilities. Monthly management audits were carried out, which included analysing, falls, accident and incidents. Quality assurance monitoring audits were also carried out by a senior manager from within the organisation. The audits focussed on sample checks to people's care records, staff records, the environment and maintenance of the building. During the visits observations were carried out on the support people received and time was spent talking with people who used the service and staff. Areas identified for improvement were recorded and action plans were put in place with realistic timescales for completion.

The medicines audits had identified where staff had not always signed the medicines administration records (MAR) charts when giving people their medicines. The registered manager told us the competency of staff to administer medicines was addressed during individual meetings with their supervisors. We saw that the most recent medicines audits had identified some improvement in staff signing the MAR charts on giving people their medicines. However it remained a reoccurring problem that was being addressed by the registered manager and the senior staff team.