

Aliwal Healthcare Limited

# Aliwal Manor Care Centre

## Inspection report

Turners lane

Whittlesey

PE7 1EH

Tel:01733 203347

Website: [www.excelcareholdings.com](http://www.excelcareholdings.com)

Date of inspection visit: 14 October 2014

Date of publication: 22/01/2015

### 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



### Overall summary

This inspection was carried out on 14 October 2014. It was an unannounced inspection and was undertaken by two inspectors.

Aliwal Manor is a registered care home which provides accommodation, support and non-nursing care for up to 32 older people including those living with dementia. The home is divided into four units over two floors. There were 30 people living at the home when we visited.

At the time of our inspection the home had a registered manager in post. 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 our previous inspection on 12 July 2013 we found the provider to be meeting all the regulations that we looked at.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people’s rights were being protected and DOLs applications were in

# Summary of findings

progress. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant that they were working within the law when they cared for people who lacked the capacity to make their own decisions. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people, who could not make decisions for themselves were protected.

There was process was in place to ensure that people's health care needs were assessed, so that care was planned and delivered in a consistent way. Staff were seen to support each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to have sufficient quantities to eat and drink.

We saw that staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. People told us that staff ensured doors were shut when they were assisting them with their personal care.

People confirmed they were offered a variety of chosen hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these.

There was a complaints process in place which was available in the entrance hall to people, relatives and others who used and visited the service. People confirmed that they would not hesitate in making a complaint if they needed to.

The provider had clear recruitment process in place. Records we looked at and staff we spoke with confirmed that staff were only employed after all essential checks had been satisfactorily completed.

The provider had an effective quality assurance system in place to monitor and improve the quality of care it provided. There was a programme of audits that involved people who used the service, families, health care professionals and others on a regular basis. When improvements had been identified these had been undertaken.

# 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 safe.

Staff demonstrated that they understood the correct procedure to follow if they suspected abuse.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good



### Is the service effective?

The service was effective.

Staff demonstrated their knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met. They were provided with a balanced diet and staff were aware of their dietary needs.

Good



### Is the service caring?

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

Relatives were positive about the care and support provided by staff. They told us they had no concerns about the care at Aliwal Manor.

Good



### Is the service responsive?

The service was responsive.

People and or their relatives were involved with their care plans. People were supported to take part in their choice of hobbies and interests.

Relatives told us they were kept very well informed about anything affecting their family member.

We saw that complaints received were acted upon and any learning had been recorded to ensure that improvements to the service were made.

Good



### Is the service well-led?

The service was well led.

Everyone we spoke with was complimentary about the way the manager led the staff team to provide a quality service.

There was a strong and stable management team in place. The registered manager was approachable and provided a well-run home.

Good



# Summary of findings

There were effective monitoring systems in place to ensure that people lived in a home that was safe, monitored and well managed.

# Aliwal Manor Care Centre

## 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.

This inspection took place on 14 October 2014 and was unannounced and was undertaken by two inspectors.

Before our inspection we looked at and reviewed all the current information we held about the home. This included notifications that we received. Notifications are events that the provider is required by the law to inform us of.

Following our inspection we requested the Provider

Information Return (PIR) and reviewed the information.

This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed all other information sent to us from other stakeholders including local authority commissioners and members of the public

During the inspection we spoke with eight people living at the home, the registered manager, three relatives, four care staff and two visiting health care professionals.

We looked at four people's care plans and other records related to their care such as medicines administration records, staff meeting minutes, service user quality assurance survey questionnaires, staff recruitment files and training records.

# Is the service safe?

## Our findings

People and their relatives told us they felt the home was safe and that they had no concerns. One person said: “I am well looked after and feel safe living here.” Another person told us: “The staff are great and I feel very safe here.” A relative told us: “I trust the staff. I know [family member] is safe here.” Other relatives and the visiting professionals we spoke with confirmed they had no concerns about people’s safety.

Staff we spoke with had an awareness of how to recognise abuse and who they would report it to. We saw that there was information available which provided staff with contact details of the local safeguarding authority. There had been no recent safeguarding incidents but the registered manager was clear of her responsibilities in regards to informing CQC and the local authority should any incidents occur. This meant that people were supported to be as safe as practicable.

Health risk assessment records demonstrated that people’s individual health risks were identified and managed to keep people safe. People who were at risk of developing a pressure sore, choking or falls were recognised and measures to reduce these risks were put in place.

During our inspection we found there was sufficient numbers of staff on duty who had the right skills to safely meet people’s identified care needs. Everyone we spoke with told us they felt there were always enough staff on duty to meet people’s needs. The registered manager and

staff confirmed how staff swapped shifts or covered extra shifts as overtime in the event of rota’d members of staff not being able to work through sickness or holiday. This meant the home provided sufficient and consistent staff to support people with their care and support needs.

Two staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only people suitable to work with people who could be at risk of harm or abuse were employed at Aliwal Manor.

People could be assured that their prescribed medicines would be safely administered by staff who had been regularly trained and assessed. Medication administration records and procedures gave clear guidance for staff in how to administer specific prescribed medication, which included medicines that could be given as required. We found that medicines were stored correctly and securely and that there were safe disposal procedures in place. Records in respect of medicines administered were completed fully. Training records and staff we spoke with confirmed they had received training prior to administering medicines.

There were systems in place to ensure that any person living, working or visiting the service would be protected in the event of a fire. Records had been maintained for fire alarm tests and fire drills which had been carried out.

# Is the service effective?

## Our findings

People and their relatives told us they were consulted about what care needs they or their family member would like support with. One person said: “They always ask me what I want to do, what I like and what I don’t, I have a choice.” One relative said: “I am kept well informed about the care of [family member] and the staff always ensure their needs are met”. Another relative told us: “Staff are very good at keeping me informed”. This showed that communication between people using the service, family members and the staff was good.

People’s health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: “If I need to see a doctor the staff arrange this for me very quickly.” We spoke with two healthcare professionals who were visiting the home. Both told us that they had no concerns about the care that people received. One told us: “People are referred to me appropriately and staff are always around to assist me. People who live here are well cared for and looked after.” Another told us: “People who live here are happy. If I need to follow anything up with the staff or the manager, I can always find them and its sorted out straight away.” This meant people could be confident that their health care needs would be reliably and consistently met.

We saw from records, and staff confirmed, that they had received an induction when they started their employment and received regular supervision to support them in their role. Training records showed that staff had received updated training to maintain their knowledge and competency. Staff had received recent training in dementia care to support and promote good practice in this. All four care staff we spoke with felt they received the appropriate training to be able to support peoples assessed needs. This ensured people received care and support from an effective team.

Members of staff had attended training in safe moving and handling techniques. We observed two staff members while they supported a person with their moving and handling needs, by means of a hoist. We saw that the staff members explained the procedure and ensured the person was alright throughout the procedure.

The general atmosphere in the home was calm and people were supported to do the things they liked to do. We also saw that staff spent time talking to people at a pace the person was comfortable with. This was done by repeating questions and allowing the person time to answer. This ensured people had a good understanding of what was being communicated to them.

We spoke with the registered manager and the area manager about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and found that they had an awareness of the Act and what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty was lawful. We saw that the service had up to date and appropriate policies and guidance available to guide practice. We were told that none of the people who currently lived in the home were being deprived of their liberty or had any restrictions in place.

We observed people having lunch and noted that the meal time was relaxed and people were offered a choice of drink whilst waiting for their lunch to be served. The majority of people who lived in the home were encouraged to come to the dining room. However, people could dine in the privacy of their own bedroom if they wished to. Staff provided people with their choice of the main part of the meal. Vegetables were then taken to each person and asked what they would like. We observed people chatting with each other and people were encouraged to dine at their own pace. We saw that, when necessary, people received individual assistance from staff to eat their meal in comfort and that their dignity was maintained. People we spoke with told us: “There is always a good choice of at least two options. It always very nice, I always have plenty to eat”. Another person commented: “it’s always nice and the staff know what I like”.

Food charts were in place to monitor people who had specific needs related to their dietary needs and we observed staff completing these following the lunch time meal. When we spoke with staff they demonstrated that they had a good understanding of the nutritional needs of the people they cared for.

# Is the service caring?

## Our findings

People who lived at the home and their relatives told us they were very happy with the care provided. All of the people we spoke with told us that staff were kind and caring. One person told us: “I really can’t fault the care. I am very well looked after and the staff are wonderful” and, “I know all the staff well and they are so caring and always smile and nothing is too much trouble.”

Relatives we spoke with told us: “I am impressed and they have made it easy to leave [family member] here and they are well cared for.” Another told us: “I couldn’t ask for better for [family member]. The staff are kind and caring and they keep me well informed of any changes.”

It was evident through our observations that staff were knowledgeable about each person and how they liked to be cared for. The staff were able to communicate with people. We saw that staff gave people time to answer and would repeat the question to ensure that people understood what was being asked. One person we spoke with: “Staff take time to talk to me and so they know me well”. Another person said: “They take an interest in me and remember what I like to do although they always let me know what activities are available just in case I change my mind”. A staff member we spoke with told us it takes time to get to know them in order to know how they like their care and support needs to be met.

We saw staff supported people in a patient and encouraging manner when they were moving around the home. For example, we observed a member of staff offer support to someone who was a little unsteady to walk down to the dining room for lunch, they gave them gentle instructions and walked with them at their own pace.

We noted that staff respected people's privacy and dignity. We saw that staff knocked on bedroom doors and waited for an answer before entering. People confirmed and we saw that staff ensured doors were shut when they were assisting people with personal care.

People could choose where they spent their time. There were several communal areas within the home and people also had their own bedrooms in which to entertain visitors. People told us they were able to choose what time to get up and to go to bed.

People and their relatives told us people were supported to be involved with their care planning as much as possible. The identification of people’s life histories, preferences and healthcare needs helped ensure that people were appropriately cared for based upon known likes and dislikes. This ensured that people were provided with the care they needed and that their needs were known.



# Is the service responsive?

## Our findings

People we spoke with knew they had a care plan in place but told us they were not interested in seeing it but knew they could ask to see it if they wanted. One person told us: “the staff know what needs doing but they always ask me to check that I still need help”. We saw that everyone who lived at the home had a care plan that was individual to them. The care plans contained information about people’s likes and dislikes as well as their needs. We looked at six people’s care plans which demonstrated how their needs such as mobility, communication, religious and social needs, continence and nutrition were met. This meant people would be treated in the way they wished.

We received positive feedback about the range of interests on offer for people. One person told us: “I like music and there’s always something interesting to do.” Another said: “I am in charge of arranging the next outing and I have to find out who would like to go, they always keep me busy”. This meant that people were provided with interests of their choice and whether they wanted to join in

We spoke with the registered manager who told us there was a member of staff who was responsible for planning the programme based on people’s interests. We spoke with

them and they explained how they arrange the programme based on people’s choices and interests. They told us that all staff were responsible for ensuring people had things to do that interested them. We saw that there was a schedule of planned activities for people to participate in if they wished.

We observed an afternoon card game. Staff were encouraging people to take part and gave assistance where necessary and where the rules needed to be further explained. We heard lots of chatter and laughter which showed us that people were enjoying this very much.

There was a copy of the complaints procedure available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the manager. We looked at the last formal written complaint made to the registered manager and found that this had been investigated and responded to in line with the provider’s policy. This meant that people could be assured that their concerns and complaints would be managed in line with their policy.

# Is the service well-led?

## Our findings

At the time of our inspection a registered manager was employed at the home. People and staff described the management of the home as open and approachable. One relative told us: “The registered manager is always around and I cannot praise them enough for their hard work. Always ready to have a chat with me.”

There was a clear management arrangement in the home which ensured lines of responsibility and accountability for staff. This was confirmed by staff we spoke with who told us that they knew who to escalate any concerns to.

The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. One health and social care professional told us: “The manager knows everyone in the home and has a sense of what is going on. She treats everyone with respect, no matter what role they have in the home.”

There were various systems in place to seek people’s views about how the home was run. There were meetings for people who lived in the home and their relatives and they were encouraged to give their feedback to members of the staff team who attended these meetings. There were also specific meetings for the care staff, management and ancillary staff. This meant that people and their relatives were able to speak and have their comments and ideas listened to.

All staff said that the manager had an ‘open door policy’ which meant they were able to go and see her at any time. They felt she did her best to respond to any suggestions they had to improve things and make people’s lives better. This gave staff the confidence to have their say so that the lives of people in the home was improved.

Records we looked at showed that we had received all required notifications in a timely way. We were able to see from people’s records that any action taken as a result of an incident had been taken. For example, risk assessments had been reviewed to reduce the risk of it happening again. This helped to make sure people were safe and protected as far as possible from the risk of harm.

We saw that audits had been completed on such things as medication, fire, and health and safety. We saw that where actions had been identified these had been followed up to ensure that action had been taken. For example, where it had been identified that a member of staff had failed to sign for administered medication the action taken had been recorded and further training had been provided.

The provider’s head office sent out the annual quality assurance questionnaires to gather feedback about the quality of the service provided. Action plans had been put in place to address the issues raised. This gave people, relatives and interested parties the opportunity to have their say in how the quality of the service could be improved.