Hill Care 1 Limited

Alderwood Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Alderwood is a care home in the Worsley area of Salford, Greater Manchester and is owned by Hillcare. The home is registered with the Care Quality Commission (CQC) to provide care for up to 37 people. The home provides care to those with residential care needs only. We last visited the home on 1 October 2013 and found the home was meeting the requirements of the regulations, in all the areas we looked at.

The registered manager for the home was not currently in post and was working at another home. The day to day running of the home was currently being done by an 'acting manager' who was hoping to register with CQC in the near future. 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.

Summary of findings

The staff we spoke with spoke positively about the management and leadership of the home. One member of staff said; “The manager has really stepped up into the role well. She is very knowledgeable and fair with staff”.

During the inspection we spoke with five people who lived at the home as well as four visiting relatives. People living in the home told us they felt safe. One person said; “They keep the doors locked, and if anything is wrong the alarms go off”.

We looked at how the service managed risk. We found individual risks had been identified and recorded in each person’s care plan. These covered areas such as dependency, moving and handling, nutrition, pressure sores and falls. We noted actions for staff were recorded along with any interventions they needed to make.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This evidenced to us that that staff had been recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff working on the day of our inspection included the manager, three senior carers and two care assistants. Other staff included kitchen, domestic and maintenance staff.

All staff were given the training and support they needed to help them look after people properly. There was a staff induction in place and any training undertaken was clearly recorded on the homes training matrix. We observed staff being kind, friendly and respectful of people's choices and opinions. The atmosphere in the home was relaxed and the staff spoken with had a good knowledge of the people they supported.

We found medicines were handled safely. The manager undertook random spot checks of staff administering medication to ensure they were competent. In addition, regular audits of medication were undertaken.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found staff had received training in relation to MCA and DoLS. The manager and staff spoken with expressed a good understanding of the processes relating to DoLS. At the time of our inspection, nobody living at the home was subject to a DoLS.

A large number of people who lived at the home lived with dementia and we found the environment had not been suitably adapted to meet their needs. For example, signage around the building was poor with nothing displayed to help people correctly locate the lounges or dining room. The corridors were long, difficult to negotiate and walls were very similar in colour to doors. Although people’s bedroom doors were numbered, there were no pictures of the person and no fixtures and fittings for them to specifically remember their bedrooms by. We raised this with the manager and area manager who acknowledged that this could be improved.

We have made a recommendation in relation to this within the detailed findings.

We observed both the breakfast and lunch time meals provided at the home. There were two people seated on the outside of the room, who staff told us were placed there due displaying disruptive behaviour towards others. People had particular behaviour care plans in place, however none of this had been recorded. These two people were isolated from everybody else and staff interactions with them were during these periods were poor. Another person was required to be prompted to eat their food, however we saw this was not provided and observed them eating their food with their knife at lunch time. We raised these issues with the manager.

Summary of findings

We spoke with one person who lived at the home who was registered blind. Their care plan stated that it was important for them to look clean and be well presented at all times. Whilst speaking with them, we saw their clothing was stained and staff had not made this person aware, or offered them a change of clothes. We raised this issue with the manager who said she would speak with staff about this.

As part of our inspection we asked the people who lived at the home for their views on what the care was like at the home. Comments included; “They are very kind and caring” and “They do anything they can to help you” and “All the staff are lovely. You can have a bath every day if you want but I have to go in a wheelchair” and “They’re very good. You can’t really complain about anything”.

We spent time speaking with the activities coordinator during the inspection and also observed some of the activities which took place. People were given the choice of whether to participate or not and we saw people taking part in various arm chair exercises and also doing a quiz which people seemed interested in.

The complaints procedure was displayed near the entrance of the home and was also held on file. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

The home regularly sought the views and opinions of both people who lived at the home and their relatives. This was done using a survey which, once returns had been collated, was analysed detailing what had been done to improve the service provided to people.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication, the kitchen, health and safety, occupancy, care plans, staff training and activities. Where shortfalls were identified, they were then added to an action plan detailing what had been done to address the matter.

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?

Good

The service was safe. People told us they felt safe. The staff we spoke with had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

The home had sufficient skilled staff to look after people properly. Staffing numbers were adjusted to respond to people's choices, routines and needs.

People's medicines were managed safely by staff who had received appropriate training. Regular checks were done to make sure staff were competent.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective. We found the environment for those people who lived with dementia, had not been suitably adapted to meet their needs.

We observed several poor interactions during the breakfast and lunchtime period. Several people were isolated away from others and people were not always prompted to eat their food when required.

All staff were given training and support they needed to help them look after people properly. There was a staff induction in place and any training undertaken was clearly recorded on the homes training matrix.

Is the service caring?

Good

The service was caring. People living in the home, and their relatives, were happy with the care provided. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they cared for.

People were able to make choices and were involved in making decisions such as how they spent their day, the meals they ate and the activities they took part in.

People told us they were treated with respect and staff listened to them.

Is the service responsive?

Good

The complaints procedure was displayed near the entrance of the home and was also held on file. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

Summary of findings

The home regular sought the views and opinions of both people who lived at the home and their relatives. This was done using a survey which, once returns had been collated, was analysed detailing what had been done to improve the service provided to people.

Is the service well-led?

Good

There was a registered manager who was registered with the Care Quality Commission, but was not currently in post and was working at another home. The day to day running of the home was currently being done by an 'acting home manager' who was hoping to register with CQC in the near future.

The staff we spoke with spoke positively about the management and leadership of the home. One member of staff said; "The manager has really stepped up into the role well. She is very knowledgeable and fair with staff".

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication, the kitchen, health and safety, occupancy, care plans, staff training and activities. Where shortfalls were identified, they were then added to an action plan detailing what had been done to address the matter.

Alderwood Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on 5 March 2015. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of the inspection there were 36 people who lived at the home. During the day we spoke with the acting manager, area manager, the activities coordinator, five people who lived at the home, four relatives and four members of care staff. We looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included care plans, staff personnel files and policies and procedures.

We spoke with people in communal areas and their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed breakfast and lunch being served in the main dining room of the home.

We reviewed the provider information return (PIR) sent to us by the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we liaised with external providers including the safeguarding, infection control and the commissioning teams at Salford local authority. We also looked at notifications sent by the provider as well as any relevant safeguarding/whistleblowing incidents.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said; “They keep the doors locked, and if anything is wrong the alarms go off”. Another person added; “I feel safe enough”. A visiting relative also said to us; “The fact that no one can wander in off the street is a bonus. There are always plenty of staff around when we visit”.

As part of the inspection, we spoke with four members of care staff and asked them about their understanding of safeguarding vulnerable adults. One member of staff said; “I would not hesitate and would report any concerns to my manager or the area manager. It is important to act fast”. Another member of staff said; “I have never had to report anything. We are told to report safeguarding concerns to the manager straight away”. A further member of staff added; “I’m aware that different types of abuse can occur”.

In order to support staff further with their understanding of safeguarding, we saw each member of staff had received relevant training. Following this, staff were required to complete a knowledge booklet which tested them on their understanding and what they had learnt. Additionally, we saw staff had access to a safeguarding policy and procedure they could refer to if they had concerns.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This evidenced to us that that staff had been recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff working on the day of our inspection included the manager, three senior carers and two care assistants. Other staff included kitchen, domestic and maintenance staff. Two members of care staff finished their shift at lunch time and were replaced by a further two members of staff. During the day we observed care being provided to see if people’s needs were met in a timely manner. We saw people being given their medication, assisted to eat their food, given their medication and taken to the toilet on request.

We asked people who lived at the home and their relatives if there were enough staff to look after them. One person said; “I would say so, yes”. Another person added; “Sometimes I have to wait for staff to come and get me up in the morning”. A visiting relative told us; “There is always a senior available that you can speak with”. Another said; “That is a difficult question. I don’t think you can never have enough staff in a place like here”.

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their care plan. These covered areas such as dependency, moving and handling, nutrition, pressure sores and falls. We noted actions for staff were recorded along with any interventions they needed to make in order to help keep people safe.

People’s medicines were looked after properly by staff that had been given training to help them with this. All medication at the home was administered by senior care staff that we saw had all received relevant training. Medication was kept in a secure trolley which was kept in a locked cupboard when it was not being used. The home used a blister pack system, where medicines are stored in individual ‘pods’, making them easy to dispense for staff that state what time of day they needed to be given. We looked at a select sample of people’s medication records (MAR) and saw that signatures provided by staff, corresponded with what had either been administered, or was still left in the blister pack. Where medication had been refused or not given, there was a clear reason why, such if a person had been in hospital or was unwell. Certain people who lived at the home required the use of PRN (when required) medication and we saw there were individual protocols in place for staff to follow, as to when this should be given and under what circumstances.

There were controlled drugs stored at home, which were signed for in a separate book by two members of staff each time and kept in a separate cupboard from other medicines. Some medication was required to be stored at a certain temperature and was therefore kept in a medicines

Good

Is the service safe?

fridge. To ensure this was done safely, temperature checks were undertaken of both the room and fridge itself so that medicines would still work properly due to being stored correctly.

Requires Improvement

Is the service effective?

Our findings

A large number of people who lived at the home suffered from dementia and we found the environment had not been suitably adapted to meet their needs. For example, signage around the building was poor with nothing displayed to help people correctly locate the lounges or dining room. The corridors were long, difficult to negotiate and walls were very similar in colour to doors. Although people's bedroom doors were numbered, there were no pictures of the person and no fixtures and fittings for them to specifically remember their bedrooms by. We raised this with the manager and area manager who acknowledged that this could be improved.

We recommend the service refer to relevant guidance in relation to making the environment suitable for people living with dementia.

We observed both the breakfast and lunch time meals provided at the home. There were two people seated on the outside of the room. Staff told us they were placed there due to displaying disruptive behaviour towards others. These people also needed assistance to eat their food. People had particular behaviour care plans in place, however none of this had been recorded. These two people were isolated from others and staff interactions with them were poor during this period. For example, we saw people were seated well in advance of the meal by staff, whose attention was focussed on those who were seated on the main dining tables. One of these people had fallen asleep in an uncomfortable position with their head tilted forwards whilst the other person stared out of the window. We did not see staff asking these two people if there was anything they needed during this period and it was not until staff went to assist them with their meal, that we saw any interaction, which was some time later. We raised this issue with the manager who told us they would conduct further dining room observations, to ensure that this was improved upon.

Another person who lived at the home required prompting to eat their food, however we saw this was not provided and observed them eating their food with their knife at lunch time. It was not until we alerted staff to this that they eventually provided assistance. We raised this issue with the manager who said she would raise this issue with staff.

In general, the people we spoke with were positive about the food served at the home. Comments included; "It's lovely, it's warm enough to eat." and "Good. Great. The food is absolutely marvellous. I had a cooked breakfast today" and "Very good. You can't fault the food. I don't like bananas or tomatoes and sometimes they give me something else "and "I'm satisfied. I get plenty to eat. It's lovely and warm. You have a choice of two things usually".

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found staff had received training in relation to MCA and DoLS. The manager and staff spoken with also expressed a good understanding of the processes relating to DoLS. At the time of our inspection, nobody living at the home was subject to a DoLS.

We looked at how the staff sought consent from people who lived at the home. We saw that people provided written signatures in their care plans, stating they were happy for their care to be carried out by staff at the home. Through our observations we saw staff sought consent before carrying out a particular task or providing care. For example, we saw staff approached one person and asked if it was ok to take them through to the dining room for breakfast. This person did not want to and instead wanted to stay in the lounge to eat their food which staff respected. Additionally, we saw staff asking people first if they wanted to take their medication, or be taken to the toilet.

There was an induction programme in place, which staff were expected to complete when they first began working at the home. The induction was based on the common standards and covered the role of the worker, personal development, communicating, equality, safeguarding, person centred support and health and safety. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. One member of staff said; "It gave a good start in the job as it was my first job working in care".

The staff we spoke with told us they were happy with the support and training they had available to them. We looked

Requires Improvement

Is the service effective?

at the training matrix which showed staff had undertaken a variety of courses which included moving and handling, infection control, dementia awareness, safeguarding, MCA/ DoLS and fire awareness. One member of staff told us; “The training is really good”. Another member of staff said; “The manager is really supportive. You can go to her with anything. She has worked as a carer as well which helps”.

We saw evidence that the home worked well with other agencies with each person having a record of the external services they were involved with. These included tissue viability, district nurses, GP’s and chiropodists. Additionally, where the home required further input and guidance around a particular area, such as the falls or speech and language therapy (SALT), appropriate referrals were made.

Good

Is the service caring?

Our findings

As part of our inspection we asked the people who lived at the home for their views on what the care was like at the home. Comments included; “They are very kind and caring” and “They do anything they can to help you” and “All the staff are lovely. You can have a bath every day if you want but I have to go in a wheelchair” and “They’re very good. You can’t really complain about anything”.

We also spoke with four visiting relatives and asked for their views of the care provided. Comments included; “I think it’s quite good.” and “It’s excellent. The staff give a lot of themselves to the job. The staff care for the residents.” and “I think they are lovely, all of the staff are nice.” and “Everything I’ve seen has always been good quality care with genuine concern for the residents”.

We observed staff provided care to people when required and it was apparent staff had developed kind and caring relationships with people who lived at the home. Staff addressed people by their chosen name and it was clear they had a good understanding of each person’s needs. We saw people were given their medicine, assisted to walk around the building and taken to the toilet as required. This demonstrated the caring approach of staff, which continued throughout our inspection.

In the main, we saw people were clean and well presented. We saw people were dressed appropriately and people looked well groomed. We observed and spoke with one person who lived at the home who was registered blind. Their care plan stated that it was important for them to look clean and be well presented at all times. Whilst speaking with them, we saw their clothing was stained and staff had not made this person aware or offered them a change of clothing. We raised this issue with the manager who said she would speak with staff about this.

Both people living at the home and their relatives told us they were always given choice whilst living at the home. One relative said; “She has a choice of what time she goes to bed and a choice of clothes as well. I don’t think she is that bothered though”. Another relative added; “Sometimes she’s chosen to stay in bed and has had breakfast in bed. I wouldn’t think she would be able to choose what time to go to bed. Sometimes she will ask to go to bed. She can’t choose her own clothes but I’m happy with her appearance. Most days she has different clothes on.”

The people who lived at the home told us that staff treated them with dignity, respect and gave them privacy when they needed it. The staff we spoke with we were also clear about to do this when providing care. One person told us; “They knock and make sure the door is closed when they undress me.” A visiting relative added; “Very much so. They always knock on the door and they always call her by name which shows respect”. A member of staff also said to us; “Some people would prefer not be supported by a male member of staff and we must respect that".

Good

Is the service responsive?

Our findings

Each person who lived at the home had their own care plan which contained a pre-admission assessment. This enabled staff to gain an understanding of people's care needs and how they could best meet peoples' requirements. These covered areas such as maintaining a safe environment, eating and drinking, personal care, mobility, communication and social requirements. In addition, there was a 'key risks' document for staff to refer to. This provided basic information for staff to follow in the early stages of people living at the home. Each person living at the home had a care plan that was personal to them. This provided staff with guidance around how to meet people's care needs and kinds of task they needed to perform when providing care.

Care plans were reviewed regularly and in line with people's changing needs. The relatives we spoke with also told us they were involved and were invited to review meetings. One relative said; "They have six monthly reviews. I'm always invited to these". Another relative added; "We have reviews every 6 months. They ask if there's anything we would like to change".

The initial assessment process also took into account people's social history and things they had enjoyed doing before they first arrived at the home. Some of the information captured included where they were born, education, memories, marriage, children, employment and any hobbies and interests. This provided staff at the home with a good insight into people's background and how they could provide care that was personal to each person.

We saw examples of where the home had been responsive to people's changing needs. For example, one person had an increased number of falls which had been picked up as an issue by staff. As a result, the GP and falls clinic had been made aware and in line with their advice, the home had arranged for various equipment and walking aids to be provided for this person.

The complaints procedure was displayed near the entrance of the home and was also held on file. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant. The people we spoke with and their relatives felt that complaints were handled correctly and that they received and appropriate response. One relative said; "I have complained and it's been resolved properly". Another relative said; "My complaint was well handled. Somebody came out to my house".

The home regular sought the views and opinions of both people who lived at the home and their relatives in the form of a survey. The survey asked people for their views about the care, relationships, communication and activities. This was done using a survey which, once returns had been collated, was analysed detailing what had been done to improve the service provided to people. We looked at the most recent survey which showed that, as a result of feedback from people and relatives, clothes needed to be properly named when coming back from the laundry to prevent them disappearing and getting mixed up.

We spent time speaking with the activities coordinator during the inspection and also observed some of the activities which took place. People were given the choice of whether to participate or not and we saw people taking part in various arm chair exercises and also doing a quiz which people seemed interested in. During the weeks prior to our inspection, some of the people had been to a war museum and were also taken out for lunch. The home also hired a minibus from a local company which allowed people to go on trips of their choice.

Requires Improvement

Is the service well-led?

Our findings

The registered manager for the home was not currently in post and was working at another home. The day to day running of the home was currently being done by an acting manager who was hoping to register with CQC in the near future. 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.

The staff we spoke with spoke positively about the management and leadership of the home. Comments from staff included; "The manager has really stepped up into the role well. She is very knowledgeable and fair with staff" and "I can't fault how the home is run. The manager has been a carer and knows how everything works" and "I like the manager. The communication is good and help is there when we need it". A visiting relative said to us; "The manager communicates well. She talks to staff and is welcoming to visitors. Her door is always open". Another relative said; "She appears to know all the residents very well. She's always cheerful and staff respond to her very well".

There was a management structure in the home which provided clear lines of responsibility and accountability. The manager was supported and monitored by an area manager who visited the home on a regular basis to complete quality checks on behalf of the company. The registered manager kept up to date with current good practice by attending training courses and offering support and guidance to staff where necessary.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication, the kitchen, health and safety, occupancy, care plans, staff training and activities. Where shortfalls were identified, they were then added to an action plan detailing what had been done to address the matter. Although the action plan stated that areas for improvement had been addressed, there was no specific detail as to what had been done and instead were signed off by the manager as 'completed'. The manager told us they would provide more specific detail about any action taken on the back of audits following our inspection.

The manager undertook random spot checks of staff administering medication to ensure they were competent to do this safely. We looked at some of the spot checks which had been completed and saw they provided a focus on administration, controlled drugs, recording and disposal. A member of staff commented; "The manager observes us giving medication. I think it's a good thing".

There were systems in place to regularly review accidents and incidents at the home. We saw there was a monthly record maintained and details of what happened. On the back of this, 'lessons learnt' were recorded which showed how staff would aim to prevent future occurrences. Additionally, trends analysis was also undertaken. This allowed the manager to monitor any re-occurring themes and help to keep people safe.