

Aldergrove Manor Ltd

Aldergrove Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aldergrove Manor Nursing Home is a residential care home providing personal and nursing care to older people, and younger adults some of whom may have dementia or physical disabilities. The service can support up to 70 people. At the time of the inspection there were 61 people living at the home.

People's experience of using this service and what we found

The providers systems for ensuring staffing levels at the home were adequate had not been followed to ensure there was enough staff.

We have made a recommendation about assessing the required staffing levels for the home.

The systems for checking medicines administration had not been used effectively to ensure people had enough medicines in stock and medicines administration records required improvement. Medicines were not consistently available for people and medicines administration records required improvement.

Daily charts checks had not been completed to ensure documentation was accurately completed. Care plan evaluations had not consistently been completed to ensure peoples care plans were accurate.

People's risks and plans for mitigation were not always clearly documented. Staff understood how to keep people safe, they knew how to minimise risks to their safety and could recognise and report any concerns. Staff followed the current guidance for infection prevention control and there was a system in place to learn when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff had their views sought about the service and these were used to make improvements. The registered manager ensured any incidents were reported to the appropriate agencies.

There was a learning culture in the home and the registered manager ensured staff were fully briefed on any changes made. The registered manager worked with other agencies to seek advice and make improvements to people's care.

Rating at last inspection

The last rating for this service was good [published 9 June 2021].

Why we inspected

We received concerns in relation to staffing, medicines management, risks management and governance of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led

only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led key sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aldergrove Manor Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the governance arrangements in the home at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aldergrove Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a nurse advisor and an Expert by Experience who made calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aldergrove Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people about their experience of care. We also spoke with 14 staff which included the registered manager, senior care staff, care staff and nurses. We spoke to one visiting health professional. Following the inspection, we also spoke with 11 relatives by telephone to gain their views on the service. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including medicine audits, care plan audits and the training matrix were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- Staff were not always following plans which were in place to keep people safe. For example, one person was left alone for a short time when they should have been monitored to keep the person safe. The registered manager took immediate action to remind staff to follow individual care plans for monitoring.
- Risk assessments and management documentation were not consistently up to date. We found some people's documentation had not been updated when things changed. Staff were aware of the changes and people were receiving the right support. This meant people were receiving the right care, but improvements were needed to ensuring documentation was completed to ensure consistent guidance was in place for staff to meet people's needs.
- Where people required monitoring to be in place for managing risks to their safety, this was not consistently documented. For example, we found fluid monitoring charts and catheter monitoring charts with missed entries. This meant improvements were needed on how risks were assessed, monitored and managed.
- People and their relatives told us they were supported to stay safe. One person told us, "Staff have to help me in and out of bed and the chair with hoist. I always feel completely safe." A relative told us, "I have been very pleased with [person's name] progress whilst they have been at Aldergrove Manor, they have got on a lot better and are more relaxed. We can see a big difference in their wellbeing, very settled."

Using medicines safely

- Medicines were not consistently available for people to receive as prescribed. One person had been without their prescribed medicine for several days. This meant the person had not received medicines which they needed, placing them at risk of harm. The registered manager reported this to the local safeguarding team and began an investigation. We confirmed there had been no adverse effects for the person and the registered manager took immediate action to prevent this from happening again.
- Risks relating to prescribed medicines were not consistently assessed. One person had a medicine which required a specific risk assessment, and this was not in place. This meant the person and staff could have been exposed to the risk of harm. The registered manager took immediate action to address this.
- Medicines were stored safely. Medicines were stored in clinical rooms and checks were done on temperatures of the room and refrigerators.
- Staff had received training in administering medicines and their competency was assessed staff understood people's individual needs in relation to their medicines and administered them in line with their assessed needs.

Staffing and recruitment

- Relatives told us they did not feel as though there were always enough staff. One relative told us, "We visited one day it was 11.30am and [person's name] was still in their nightwear, I was told that it was because they were short of staff, which is not acceptable. [Person's name] has told us this has happened before." Another relative told us, "The staff are very caring and look after her very well. I do think they are short staffed though."
- Staff had mixed views most staff told us they did not feel there was always enough staff, whilst a few said they were busy but staffing levels were ok. One staff member said, "There is enough staff to meet people's needs. Not enough time to do paperwork though, at 3pm we are having to go back and complete all the paperwork."
- We saw staff were very busy during the inspection supporting multiple people with high level needs which minimised the time they had to spend with people. However, activity coordinators were available to engage in activities with some people and the management team spent time talking with people.
- The call bell system did not record how long people waited for their call bells to be answered. Whilst we heard bells ringing for long periods of time it was not possible to know if this was the same person waiting for a response.
- The registered manager told us they determined how many staff they needed using a dependency tool, however this had not been updated for everyone in the home including some people who were new admissions.
- Staff were recruited safely. We saw staff had received checks during the recruitment process which included Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider seek advice and guidance from a reputable source on assessing the staffing levels required and effective deployment of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I feel safe, the staff are lovely here and always help me with things."
- Staff understood the signs of abuse and how to report any concerns. Staff had received training in recognising abuse and were able to give examples of things they would report.
- The registered manager had a system in place to ensure all incidents were reported to the appropriate body.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives told us they had no restrictions on visiting and this was managed safely. One person told us, "Its lovely we can have visitors now it was difficult during the pandemic." One relative told us, "Visiting has now got back to normal."

Learning lessons when things go wrong

- The provider had a system in place to learn when things went wrong. Accidents and incidents were reviewed to look for trends and enable actions to be taken.
- Analysis enabled the registered manager to make any required changes to prevent reoccurrence, with referrals to other professionals as required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Medicines audits had not been completed effectively. We found the system had not identified where one person had no stock of medicine available to be administered. This meant the person was left at risk of harm.
- Audits and checks on stock control systems, including those for controlled drugs, administration records and risk assessment documentation were also not identified and addressed through medicines audits.
- The providers system to identify staffing numbers using a dependency tool were not being used as required. We found whilst a system was in place to review individual people's dependency and use this to inform overall staffing levels, this had not been done for several people for a number of months. This meant we could not be assured there were enough staff in place to meet people's needs.
- The providers system for ensuring accurate risk assessments and care plans was not consistently identifying where there were information that had not been updated or was not in place. This meant people were left at risk of harm.
- Systems to check monitoring of care delivery for needs such as fluid intake and catheter care had not identified where there were gaps in people's records. This meant we could not be assured people had their needs met in the way their plans required.

Systems were not effective in identifying where records had not been updated and completed effectively and medicines were administered as prescribed. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed action had been taken to ensure risk assessments and care plans were accurate and make improvements to how medicines were administered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they loved living at the home and the staff were the main reason. One person told us, "I love it here, the staff are all lovely." Another person told us, "It's a lovely home the staff are all wonderful."
- Relatives told us they were happy with the care people received. One relative told us, "The staff are polite

and courteous, and they also keep me updated about [person's name]." Another relative told us, "The home is lovely, the staff speak can tell us all we want to know when we ring, and we are happier in ourselves knowing [person's name] is safe and receiving good care."

- People were supported to make improvements to their health and wellbeing. Staff told us how they worked with people and other professionals to help people make improvements to their health.
- Relatives also praised the home for improving people's wellbeing. One relative told us, "I have been very pleased with [person's name] progress whilst in the home, they are more relaxed. We can see a big difference in their wellbeing, very settled." Another relative told us, "[Person's name] wasn't getting out of bed before coming to the home, they have settled in really well, the staff help them to get up and they have started watching TV again. They are eating better than they have for a long time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and ensured relevant people were informed of any incidents.

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

- People, relatives and staff views about the home were sought. Staff had regular meetings and opportunities to share feedback through anonymous questionnaires.
- People relatives and staff all expressed how supportive and approachable the registered manager was. One relative told us, "The registered manager and staff have all been very approachable and are very knowledgeable." A staff member told us, "It's a nice place, good team who work hard, the registered manager and clinical lead are really supportive."
- Peoples care plans included information about their individual needs and preferences. This took account of protected characteristics "One relative told us, "I told them a lot about [person's name], likes and dislikes when they first came to the home."

Continuous learning and improving care

- The registered manager told us they welcomed opportunities to learn and improve the service. There was a learning from incidents and complaints process in place where learning was shared with staff.
- The registered manager was involved in a local project to help with learning. The registered manager told us, "The project enables networking with other care homes, we have done joint training and shared ideas to help improve and advance our service."

Working in partnership with others

- The registered manager had established relationships with local health and social care providers. They told us they engaged with local commissioners and other agencies to seek advice and support for the service. A visiting health professional told us, "I have never had any concerns about the home, the staff always carry out my advice and always accompany me when visiting residents in their rooms."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The governance systems in the home were not effectively being used to identify risks, shortfalls and areas for improvement.