

Colten Care (2003) Limited

# The Aldbury

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Aldbury is a nursing and care home for up to 55 older people, some of whom may be living with dementia or have nursing needs. The home is purpose built and is divided into four separate living units. There were 37 people living or staying at the home at the time of the inspection.

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

Policies and procedures for safe wound management had been improved since the last inspection. People's daily records clearly detailed their support needs had been met.

Since the last inspection governance and management systems had been improved. This provided better oversight and helped ensure the delivery of safe and good quality care. There was robust communication throughout all departments.

People felt safe and enjoyed living at The Aldbury. Their relatives expressed confidence in how safe their family members were at the home. Policies and procedures followed by people who used the service, supported current government guidance and helped prevent the spread of infections such as COVID-19.

There were enough suitably trained staff, of good character, to meet people's needs. Where appropriate, staff referred people to other agencies and health professionals to enable effective outcomes for them.

People and their relatives were involved in decisions about their care. 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 health professionals felt the home was well managed. They were unanimously positive in the competence and supportive approach of the registered manager. Staff enjoyed working at the home and felt supported by their colleagues. Management provided staff with the opportunity to develop their practice skills and obtain higher qualifications.

The home recognised its contribution to the health and social care system and had supported student nurse placements and training sessions with a local network of GP surgeries.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 3 June 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the service reviewed procedures to ensure that it was working in accordance with the Mental Capacity Act and the associated Code of Practice. We also recommended that the service reviewed governance and management systems to ensure all areas of quality and safety were effectively managed and timely action was taken to address shortfalls when these occur. At this inspection we found the provider had acted on our recommendations and they had made improvements.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 Requires Improvement to Good. This is based on the findings at this inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Aldbury on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# The Aldbury

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

Two inspectors carried out the inspection. An Expert by Experience made telephone calls to people's relatives to get their views on the home. 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

The Aldbury 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. The Aldbury is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people who use the service and seven relatives about their experience of care provided. We spoke with 10 members of staff including the registered manager, operations manager, clinical lead, nurses, care assistants, the chef, facilities manager, senior administrator and domestic staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were looked at reviewed.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further documents supplied on request by the registered manager. These included surveys and training data. We spoke with two health professionals who visit the home.

# 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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well cared for. One person said, "I'm safe and happy here." Another said, "No problems at all. I'm happy here." This view was shared by relatives who commented, "Yes, [name] is very safe", "[Name] is completely safe" and, "They make sure [name] is safe." People looked calm and happy in the presence of staff.
- Staff recognised the signs and symptoms that could indicate people were experiencing harm or abuse and knew how to report such concerns.
- Staff told us they would feel confident whistleblowing if they observed poor practice. They felt they would be listened to and action taken in a timely way if they raised concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place and regularly reviewed in line with people's changing needs. These covered areas such as pressures sores, choking, Parkinson's Disease, mobility and weight.
- A new clinical management system had been introduced in February 2021 which enabled staff to report accidents and incidents without delay ensuring real-time reporting and therefore instant notification to senior management in the home and the provider.
- Routine maintenance checks were carried out to ensure the safety of the home and specialist equipment people required such as hoists and baths. General environmental risk assessments had been completed to help ensure the safety of people, staff and visitors. These assessments included: water temperature, electrical systems and legionella. Legionella are water-borne bacteria that can cause serious illness.
- The risk to people from fire had been reduced by staff fire training, fire drills and servicing of fire equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. Relatives expressed, "There are loads of staff and they are all very good", "There are always staff around and they always seem quite happy. If you press the emergency button they come quickly" and, "There are plenty of staff and they are consistent."
- The home had safe recruitment practices. Checks were done to reduce the risk that staff were unsuitable to support people at the home. This included verified references from previous employers, health declarations, right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines on time and as prescribed from staff with the relevant training. A person said, "They support me with my medicine, and I get them on time." A relative told us, "[Name's] medication is reviewed and changed if necessary. They've got a really good handle on it and what [name] needs, what's best for [name]." Another relative fed back, "Medication was a concern prior to being at The Aldbury but [name] said they are hot with the medicines here."
- Where people were prescribed medicines they only needed to take occasionally, there was personalised guidance for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine records detailed the medicines people required and the reason they were prescribed. Medicine records were held electronically and were complete. Spot checks were undertaken to ensure compliance.
- Medicines requiring stricter security by law were stored appropriately, with stocks matching records.

#### 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.

#### Visiting in care homes

- At the time of our inspection the home was in outbreak status as testing had found positive cases of COVID-19. The home was following government guidance which meant some restrictions were in place when visiting the care home.
- People had the opportunity to nominate an essential care giver (ECG). This is a family or friend who can visit whatever the outbreak status of the home. ECG's needed to produce a negative lateral flow test prior to each visit.
- Screened visits, by appointment, also provided opportunity for people to stay in touch with those who were important to them. We observed one of these happening during our inspection. Telephone and video calls were also supported.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager to identify trends and determine how to prevent a recurrence. Records provided evidence that actions were put in place to improve outcomes for people at The Aldbury.
- Learning was shared with staff via at handovers, whole team and departmental meetings and supervision.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to ensure that people's care needs were properly assessed and met, or that wound care was safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Policies and procedures for safe wound management had improved. This included detailed wound monitoring records. Information about people's wounds was communicated fully. A staff member told us, "Wounds are something I have a lot of experience of. Weekly photos of wounds help us keep track. I feel very passionate about that." Health professionals commented, "I go in weekly. They are on the ball with contacting us. Nursing staff seem very professional" and "I visited to see a person with a hospital acquired pressure sore. I was assisted by one of the home's nurses who was very knowledgeable."
- The service understood the importance and benefits of timely referral to community health and social care professionals to help maintain people's health and well-being. People had been supported with timely visits to or from healthcare professionals including the tissue viability nurse, chiropodist, GP and dentist when required. One person said, "They take me to the dentist. I'm confident they would get health input if needed." A relative told us, "The occupational therapist and nutritionist come regularly about every six weeks. Also, the chiropodist."

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider reviewed procedures to ensure that it is working in accordance with the Mental Capacity Act and the associated Code of Practice. The provider had made improvements.

- People's care records included MCA assessments and best interest decisions where required. Records noted involvement and/or decision making by relevant parties including relatives, health professionals and legal representatives. The registered manager had updated legal representative details held by the home to ensure people's rights were fully protected.
- Staff sought people's consent before supporting them and provided them with information that helped them to make meaningful choices. This included when supporting them with personal care, meals, activities and moving around the home. One person told us, "The carers talk me through what they want to do, they check I give consent and ask what I can do." A relative said, "[Name] has high care needs and they explain what they're doing."
- The home had applied to the local authority for people who required DoLS authorisations and kept a record of when these were due to expire. Where people had conditions attached to their DoLS, there was evidence staff were meeting these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had detailed pre-assessments that supported their move to The Aldbury and were the basis for an initial care plan. A relative offered, "The staff know [name] really well and are sensitive to [name's] needs."
- Daily records provided clear evidence of the care people had received. This included support to reposition, emotional wellbeing and nutritional intake.
- As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. Relative's confirmed that, where appropriate, they had been included in reviews. They told us, "I've had lots of input to the care plan and regular updates. The communication with the home is good. I'm consulted about decisions" and "Yes, I'm involved and consulted on any decisions, very much so."

Staff support: induction, training, skills and experience

- Staff received an induction that included a period of shadowing more experienced staff.
- New staff without previous experience in care were supported to do the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received a variety of training courses to help them carry out their roles and meet people's needs to a good standard. This included: pressure area care, dementia awareness, safeguarding, food hygiene, fire safety and moving and repositioning. One staff member told us, "I learnt some more about good positioning to make residents more at ease when assisting them." People said, "I feel staff are well trained" and "Staff are all efficient. No problems. They can't do enough for you." Relatives fed back, "The staff here are caring and competent" and "The staff are definitely well trained."
- Nursing staff were aware of their responsibilities to re-validate with their professional body, the nursing

and midwifery council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a healthy and varied dietary intake according to their needs and preferences.
- People's dietary needs were known and met, including if they had allergies to certain foods, were vegetarians, or had safe swallow plans created by speech and language therapists. A relative told us, "[Name] has [a particular health condition] so they are on a restricted diet. I'm 100% confident [name] gets the gluten free food [name] needs."
- People and their relatives were complimentary about the food. Their comments included, "The food here is superb", "The food looks nutritious" and ""The food looks and smells excellent."

Adapting service, design, decoration to meet people's needs

- People lived in an environment that had been adapted to meet their needs. The home was spacious and uncluttered with areas where people could meet with others living there or spend some time relaxing alone. A person commented, "I think it's fine, a lovely space."
- People were involved in how their rooms were furnished and decorated. Rooms reflected their hobbies, interests and achievements. One person told us, "I think it's homely. You can have your bits and bobs in your room."
- People had level access to secure outside space and had been involved in designing and creating a fairy garden to enjoy with their family and friends. A person expressed, "The gardens are lovely."
- Signage helped people living with dementia move around the home safely and find what they were looking for.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider undertook a review of governance and management systems to ensure that all areas of quality and safety were effectively managed and timely action was taken to address shortfalls when these occur. The provider had made improvements.

- Governance and management systems were robust and provided timely oversight and follow up as required. Clinical governance audits were carried out monthly to monitor areas such as events triggered by emotional distress, significant weight loss, recurrent falls, nutritional intake and medication management. There was good communication throughout all departments in the home.
- The home had an action plan that included 10 areas they had identified for improvement. This enabled prioritisation of effort and ease of tracking progress with regard to the actions required to resolve issues identified during relevant audits. It covered areas including clinical leadership and monitoring of care, care delivery and documentation.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The registered manager demonstrated a good understanding of the duty of candour. They said, "It's about being open, honest and transparent at all levels with residents, staff, relatives and the wider support team here. I would get details about the incident, we would call the relative and explain what has happened, what we have done to prevent it happening again and what we've learnt."

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

- There was a one-team culture at the service where staff felt supported by their colleagues. Staff told us they got on well with their colleagues, supported each other and enjoyed supporting people at The Aldbury. Their comments included: "I get on with my colleagues. If I'm needing help they are there", "I definitely feel supported. This is the best team I've worked under here", "It is all one team" and, "We try and do our best for people. They give me more than I give them."
- Relatives were unanimous in their praise of the home. Their comments included, "It's a friendly and warm place", "The home is well managed", "They [staff] are always positive and helpful. The home is well

managed, everyone seems to work together" and "I would recommend the home completely, 100%. I want to go there!"

- Staff, provider management and health professionals spoke positively about the registered manager. Feedback included, "[Name of registered manager] works very much for the residents", "[Name of registered manager] looks at how to make things happen, improve things and provide solutions to challenges" and, "[Name of registered manager] has made such a difference, is super approachable and has been very supportive to me." A health professional told us, "I have always found them extremely helpful. I think the home is very well managed."
- Relatives expressed approval of the registered manager with their comments including, "[Registered manager] has good leadership skills and the staff respect [registered manager]. [Registered manager's] got all the practical knowledge and clinical skills too" and, "[Registered manager] is kind and considerate, reassuring."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The home sought feedback about the service people received via surveys. The feedback was then used to make changes. For example, people had expressed a wish to have a pub-themed area in the home, 'The Aldbury Arms', and a fairy garden. Both were now in place. People told us they felt listened to. One person said, "I can raise things and they listen. They like your input. One can help improve the home if needed." Another person said "I've found peace. Being here I can smile. I look forward to tomorrow. Something I thought I would never feel again."
- Feedback from a relatives meetings had resulted in a change to the times staff called them. It was agreed to make the calls in the mornings which then supported information sharing at staff handovers.
- Staff were encouraged and supported to develop their knowledge and skills by taking additional training courses and health and social care qualifications. One staff member said, "[Name of registered manager] has supported me to do Level 3 in Health and Social Care and I'm excited."

Working in partnership with others

- The home worked closely with other agencies to provide good care and treatment. This included supporting student nurse placements via a local university and a local GP surgeries hub. Mutual training sessions had been held with the latter.
- People, relatives and staff benefited from the home having a nurse provided by a specialist dementia nurse charity. This resource assisted people to live well with dementia, supported relatives and helped with staff training and the provider's dementia strategy.