

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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Alderwood Care Home provides accommodation and personal care for up to 36 older people. The home has two floors with lift access. People had access to a variety of communal areas on the ground floor. At the time of inspection there were 32 people living in the home.

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

People told us they felt safe living in the home and said staff looked after them well. People had been supported to manage the risks in their daily lives by staff who understood their needs. Staff understood the provider's safeguarding policy which helped protect people from the risk of abuse. The home was clean and well maintained, robust infection control policies were followed by staff which protected people from potential harm.

The registered manager assessed people's needs and their care plans had been regularly reviewed and updated. People felt staff understood their needs and were skilled in supporting them. Staff had received appropriate training and support which helped them fulfil their roles. People praised the quality of the food and were supported to eat and drink as required.

People told us the staff were kind and caring. Staff told us they were committed to the people living in the home and wanted the best for them. There was a friendly and respectful atmosphere in the home and we observed positive interactions. People's communication needs had been carefully considered to ensure people had the opportunity to express their views. Some staff had learned some sign language to support people who used this.

People received person-centred care which reflected their needs and preferences. Referrals to other services had been made to ensure people received optimum care. People were able to engage in a variety of activities organised by the activities co-ordinator. The registered manager followed the provider's complaints procedure, people felt able to raise their concerns easily.

People who lived in the home and staff praised the approachability and responsiveness of the registered manager and management team. The registered manager had clear oversight of the service and completed regular checks and audits of care practice and records. We saw any issues identified had been followed up fully.

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 the last inspection and update.

At the last inspection this service was rated as requires improvement. (published 22 January 2019). We identified breaches in relation to person centred care and good governance. 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 the regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well led findings below.

# Alderwood Care 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 as part of our regulatory functions. This inspection checked 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.

#### The inspection team

The inspection was completed by one inspector and one 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.

#### Service and service type

Alderwood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

Before the inspection, we reviewed information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We also sought feedback from the local authority. We used our planning tool to collate and analyse the information before we inspected.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived in the home and three of their relatives. We spoke with the registered manager, the regional manager, a senior carer and five care staff including night staff. We spoke with the cook and the laundry assistant. We reviewed four people's care records, medicine records and three recruitment files. We reviewed a variety of records related to the management of the service; including accidents, incidents, complaints and governance. We toured round the home and spent time observing staff interactions. We observed lunch.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to follow their policies and procedures which helped protect people from the risk of abuse. Records showed the provider had made referrals to the local authority safeguarding team when required.
- Staff told us how they might recognise and raise a potential safeguarding concern. Staff said they were confident their concerns were taken seriously and followed up by the management team.
- People told us they felt safe living in the home. Comments included; "I feel safe, I can't speak too highly about this place." and "I feel safe, staff look after you well."

Assessing risk, safety monitoring and management

- The provider had robust risk management policies in place. Care plans we reviewed included detailed risk assessments and management plans which helped support people to manage the risks in their daily lives.
- The management team updated the risk assessments regularly to ensure they remained appropriate.
- Staff told us they were able to refer to the risk assessments and understood how to support people in ways which protected them from the risk of avoidable harm.
- The provider ensured the home was well maintained. Safety records we reviewed, including gas safety, legionella, fire risk assessments and fire drill records were up to date.

Staffing and recruitment

- The provider continued to recruit staff safely. All appropriate pre-employment checks had been completed prior to staff starting work.
- The provider regularly assessed the level of support people needed and adjusted staffing to ensure people were safe. People told us though they sometimes had to wait a while before staff were available but felt safe. Staff told us they had enough time to support people safely but would prefer more time.
- We observed staff regularly responding and attending to people throughout the inspection. Staff appeared to have time to interact and engage with people.

Using medicines safely

- The provider continued to manage medicines safely. People were given their medicines as prescribed; by staff who had received appropriate training.
- A recent audit by, the clinical commissioning group, of the homes medicine management procedures had identified a couple of minor improvements which the management team had made.

Preventing and controlling infection

- The provider continued to follow effective infection control policies. Personal protective equipment, including gloves and aprons were available throughout the home. We observed staff using this when providing personal care and when assisting at meal times.
- The home was clean throughout, the domestic team maintained regular routines. The laundry room was well ordered, people's clothes were clean and neat.

#### Learning lessons when things go wrong

- The provider had a system in place to learn from incidents and accidents to avoid reoccurrence.
- We reviewed the accident and incident records, we saw the management team had analysed an increase in falls and identified a need for changes to staffing. An extra staff member was provided for a peak period of risk. The provider reported falls had reduced because of this.
- The registered manager had also identified risks in relation to how they had responded to the lift not working and had developed an alternative strategy should this happen again.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had assessed people's needs prior to them moving in to the home. Care plans reflected good practice guidance and were reviewed by staff every month. Information was included from other professionals and relatives.
- Staff felt care plans included enough information to ensure they could support people effectively. Comments included; "We have enough information about the support people need." People living in the home and their relatives also felt staff understood their needs.
- One person had recently experienced a significant change to their needs. The registered manager had ensured staff were aware of the changes for the person and was in the process of updating the daily care records to reflect this.

Staff support: induction, training, skills and experience

- The provider continued to offer staff appropriate training which helped ensure they were able to support people in line with best practice guidance. Since the last inspection the provider had introduced some training online. Staff told us they found the training effective.
- The management team provided regular supervision for staff. Supervision is a one to one meeting to discuss areas of achievement and development. Staff told us they felt well supported.

- Supporting people to eat and drink enough to maintain a balanced diet
- The management team had assessed the support people needed to eat and drink. Staff supported people to maintain a balanced diet. Staff understood who needed a modified diet and we saw people received food and drinks at the correct consistency.
- The management team ensured people identified at risk of poor nutrition and hydration had been monitored effectively and referred to the dietician or speech and language therapists for additional support and guidance. Food and fluid intake records were maintained.
- People were happy with the variety and quality of food available. Comments included; "The food is lovely, absolutely fabulous" and "The food was excellent and tasty." However, one person thought the quality of food varied and there wasn't always a choice. We observed people being offered the choices from the menus or an alternative if they preferred. The provider ensured there were drinks and snacks available in communal areas.

Supporting people to live healthier lives, access healthcare services and support

- The management team had assessed people's health needs and ensured they had access to the right

support to manage their long term health conditions.

- Regular health screening had been provided including, eye tests, hearing tests and oral health assessments. Information about people's health needs was readily available for sharing with other services to help ensure a smooth transition, for example, when attending an appointment or going in to hospital.
- Records showed the staff team regularly reviewed and updated people's health needs and where required medical appointments had been made. People confirmed this, a relative told us, "Staff are good at getting a doctor and there is a community team that come to the home."

#### 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 Act 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.

- The provider had applied to the local authority for DoLS authorisations when required. People who were subject to DoLS and had standard conditions attached had been supported properly.
- The provider had assessed people's capacity to make specific decisions. Where people needed support with decision making this had been provided and decisions made in the least restrictive way.
- Staff understood the importance of getting people's consent prior to providing care and support. We observed staff regularly asked people before providing support. People told us staff always asked them before providing care. Care records included signed consents in relation to personal care, medicines support and medical and social photographs.

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

- There were a variety of adapted bathrooms to support people with bathing. Some people needed to use equipment including hoists to mobilise, we checked the equipment and found it had been recently serviced.
- Signage around the home including pictures helped people to find their way around. Bathrooms and toilets were easy to identify.
- The registered manager showed us a plan for further refurbishments in the home. We will review this at the next inspection.

# Is the service caring?

## Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people's equality and diversity needs had been identified in their care records. Staff received training in equality and diversity and were able to describe how they supported people. Recently a member of staff had supported everyone to celebrate Eid.
- The registered manager ensured staff understood the importance of supporting people well. We observed positive and respectful interactions during the inspection.
- People praised the kindness and caring attitude of the staff, one person said, "[staff] treat me with kindness and look after me"

Supporting people to express their views and be involved in making decisions about their care

- The provider had assessed people's ability to make decisions and the support they might need. This provided guidance for staff which helped them support people making decisions.
- The provider had developed clear communication guides in people's care plans which helped support them to be involved in making decisions about their care. Clear descriptions about the aids people needed including glasses and hearing aids were included. Staff had learned some sign language to maximise their ability to communicate with everyone.
- We observed staff involving people in discussions and seeking their views. People told us staff involved them and kept them up to date with any changes.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff respected their privacy and upheld their dignity. Comments included; "[staff] are very nice and interact well, I feel listened to." and "[staff] respect my privacy and dignity and always knock on my door."
- Staff understood the importance of supporting people if they experienced distress. Comments included; "If someone declined support I try to persuade and reassure them, be gentle." and "They [the residents] are like my family, I treat them how I would like to be treated."
- The registered manager was clear about the standards they expected. Dignity champions had been established to promote dignity in the home.

# Is the service responsive?

## Our findings

Responsive - this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people were provided with person centred care which reflected their needs and preferences. This was a breach of regulation 9 (related to person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to maintain secure, accurate and contemporaneous record in respect of each service user. This meant there had been a breach of regulation 17 (part 2, c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

- People received personalised care which reflected their needs and preferences. Care records were very person centred and respectfully written. People we spoke with said they were able to get up and go to bed when they wanted to and have a bath or a shower when they wished.
- Staff recognised changes to people's needs and ensured they raised these with the management team. This meant people had been referred on to other services when required, including; doctors, district nurses, audiology, speech and language therapy and the dietician.
- The management team kept care records secure and well organised. The staff kept people's needs under review and included people and their relatives in review meetings. Relatives told us they were kept up to date with any changes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had included information about people's important relationships and how to contact them in their care records. This supported people to keep in touch. Visitors were welcomed in the home and we saw several people visiting during the inspection.
- The provider ensured information about people's previous experiences, hobbies and interests had been included in their care records. Life story workbooks had been completed with people to provide a holistic view of their experiences and important life events.
- The provider had employed an activities co-ordinator who engaged with people to develop activities and events. Most people we spoke with enjoyed the activities available, but one person would have preferred more choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had met this standard. Information had been available in a variety of formats. Staff took time to explain anything when needed to support people to understand.
- Staff had learned some sign language to support anyone who communicated in this way.
- There were pictorial signs around the home to support people to find their way around.

Improving care quality in response to complaints and concerns

- The provider continued to manage complaints and followed their own procedure. We saw complaints had been recorded and responded to fully.
- People told us they could raise their concerns and were confident they would be listened to.

End of life care and support

- The provider had a policy to support people to consider their end of life needs and support them to remain at the home in line with good practice guidance.
- Staff had received training in end of life care and worked alongside community-based health-professionals to support people when required. At the time of inspection no one was identified as having end of life needs.
- The provider had discussed people's wishes with them and recorded these in the care records. Where people chose not to discuss this the provider had recorded this.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved 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

At our last inspection the provider had failed to complete regular audits and checks of the service, to ensure people received safe and effective care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had improved auditing and governance. Regular audits of care practice and records had been completed. The registered manager completed walk round checks and sought updates from all departments in line with the providers policies.
- Where audits had identified any issues, which needed to be addressed, the registered manager had developed an action plan which helped to ensure things were completed in a timely way.
- Handover documents identified the tasks staff needed to complete. All staff we spoke with told us they understood what was expected of them and said that the management team lead by example.

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

- The registered manager was committed to achieving good outcomes for people through high-quality person-centred care. People living in the home praised the approachability of the manager, comments included; "The registered manager is approachable and friendly. The atmosphere is fun, and I would move in." and "The manager is approachable, this is a lovely place, very good."
- Staff praised the skills of the registered manager and felt confident they were valued and listened to. Comments included; "The management are brilliant, I have had a lot of support from them with my job." and "Leadership has really improved especially communication." and "This home is well managed because the management are approachable and responsive to concerns. They are very clear about the standards expected we have shared values."

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

- The registered manager remained committed to engaging with people living in the home, their relatives and staff. Regular meetings had been held with staff and seniors to discuss business. Staff we spoke with felt listened to and able to raise matters for discussion at meetings.
- Resident and relative meetings were held, we saw how the management team used these to consult with

people directly.

- Action plans had been developed in response to matters raised in meetings. We saw people had requested an activities board at one meeting and this was now displayed.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning and improvement. Both the management team and staff had been encouraged to develop their skills to improve care. Examples included; attending conferences, working with families on the role of the Office of the Public Guardian to help people with long term decision making and applying for additional funding to improve staff's broader basic educational skills.
- The provider continued to work in partnerships with other organisations to ensure consistent and effective good outcomes for people. The registered manager was currently working as co-chair of the registered managers network for Salford together with the Skills for Care. They had found this a useful opportunity to meet with others and share skills.

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 provider understood their responsibility to be open and honest. Relatives confirmed they had been contacted in relation to any incidents or accidents and kept informed.
- Recently the lift had been broken and the home had needed to provide care and support differently. All families had been told and kept up to date with progress.