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Aldyn Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

The inspection took place on 8 November 2016 and was unannounced. Aldyn Care Home provides care and support for up to 12 people with mental health conditions. At the time of the inspection there nine people in residence at the home. The home is situated near the town centre. The building is comprised of two houses that have been converted into one large property. There are twelve bedrooms arranged over three floors, with communal bathrooms and living areas.

The provider was also the registered manager. 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.

People spoke highly of the care provided at Aldyn Care Home and told us they felt safe living there. However, we found some areas of practice that required improvement. Staff were not all clear about how to protect people from harm or abuse. Some staff had not received training in safeguarding and could not tell us how they would recognise signs of abuse.

Staff were not receiving supervision and appraisals consistently to ensure they were competent, and to support their professional development. This meant that the registered manager could not be assured that staff had the skills, knowledge and support they needed to be effective in their role.

Risks to people were identified and assessed and some care plans contained clear guidance for staff in how to manage the risks. However, this approach was not consistent and staff did not always have the guidance they needed to care for people safely.

Incidents and accidents were recorded and actions were taken to prevent further occurrences. People's medicines were managed safely and there were enough staff on duty to care for people and meet their needs.

People told us they enjoyed the food at Aldyn Care Home and that they had enough to eat and drink. People were able to choose what to eat and their preferences were respected. One person said, "It's good home cooking." Another person told us, "There's a good choice, if you don't like what's on the menu you can ask for something else."

People were supported to have access to a range of health care services. One person said, "I have to see the nurse regularly, staff remind me and support me if I need it." Staff had developed strong links with local health care services. People's consent to care and treatment was sought in line with legislation and staff understood their responsibilities in regard to the Mental Capacity Act (2005).

People had developed positive relationships with staff and spoke of their caring nature. One person said,

"They really couldn't be kinder." Staff knew the people they were caring for well and spoke of them with compassion and respect. People told us they were happy with the care and felt that staff cared about them. People's personal information was kept securely and staff understood the importance of maintaining confidentiality.

People were receiving personalised care that was responsive to their needs. A staff member said, "We pick up on changes, sometimes even quite small things, because we know people well." People were supported to maintain the relationships that were important to them and to be as independent as possible. There was a complaints procedure in place and people knew how to raise a complaint if they needed to. One person said, "I did have to make a complaint once and staff sorted it."

Staff and people spoke highly of the management of the home and said that the registered manager was friendly and approachable. One person said, "The place is well run and very efficient." Staff demonstrated a clear understanding of the vision and values of the home and this was embedded within their practice. People and staff spoke about the positive, homely atmosphere. There were systems and processes in place to provide management with oversight and assurance that good standards of care were being maintained. People said that their views were regularly sought on the home.

We found two breaches of regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staff were not all clear about how to ensure people were safeguarded for harm.

Risks to people were identified but there were not always clear plans in place for managing identified risks.

There were enough staff on duty and people received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not always receive the training and support they needed to care for people effectively.

Staff understood their responsibilities with regard to MCA and sought consent from people appropriately.

People were supported to have enough to eat and drink and to access health care services when they needed to.

Is the service caring?

Good ●

Staff were caring

Staff had developed positive relationships with the people they were caring for.

People were able to express their views and were actively involved in making decisions about their care.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive

People received personalised care that was responsive to their

needs.

People were supported to maintain relationships that were important to them.

People knew how to complain and felt comfortable to do so.

Is the service well-led?

Good ●

The service was well-led.

The ethos of the home was embedded within staff practice.

There was clear leadership and staff felt supported in their role.

There were systems and processes in place to ensure the quality of the service.

Aldyn 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. This enabled us to ensure we were addressing relevant areas at the inspection. On this occasion we had not asked the provider to submit a Provider Information Return (PIR) prior to the inspection. This was because the inspection was carried out at short notice. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke to five people who use the service. We spoke with three members of staff and spoke with the registered manager following the inspection. We looked at a range of documents including policies and procedures, care records for four people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including, supervision and training information as well as team meeting minutes.

At the last inspection of 1 May 2014 there were no concerns.

Is the service safe?

Our findings

People told us they felt safe living at Aldyn Care Home. One person said, "I feel safe here because the staff are kind and you can get some peace, it's a haven from the world." Another person said, "There's never any trouble, we all get on together, it feels safe." Despite these positive comments we identified some areas of practice that required improvement.

Not all staff had a clear understanding of how to protect people from abuse. Staff told us they would report any concerns to the person in charge and they were aware of the provider's whistleblowing policy. However, some staff members were not clear about how to recognise different types of abuse or what process to follow if abuse was suspected. They told us that they had not received safeguarding training. Not all staff were able to tell us where the provider's policy and procedure for safeguarding people was kept. This meant that they were not able to access the information that they needed if they suspected abuse had occurred. Some staff members had not refreshed their safeguarding training for more than two years. One service user told us that they had raised concerns with staff at the home regarding their treatment during a previous admission to hospital. Staff told us that these allegations had not been raised as a safeguarding alert. Staff said that they had offered to support the service user to make a formal complaint but that this had not been taken forward and acknowledged that the person remained distressed by their experience. This showed that the provider had not ensured that processes were established and operated effectively to always safeguard service users. This is a breach of Regulation 13 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

Risks to people were identified and assessed. Some care plans included guidance for staff in how to manage these risks. However, this approach was not consistent and there was not always a clear plan in place. For example, one person was assessed as being at risk of self-harm and suffered suicidal thoughts. There was no clear guidance for staff in how to recognise signs that the person's mental health was deteriorating and what to do in the event that this occurred. One person had been diagnosed with diabetes however, this was not recorded in their care plan. There was no information for staff about signs or symptoms that could indicate any deterioration in their condition and no guidance as to how they should support the person to manage the illness. Despite this lack of information staff told us that they knew people well and they were aware of the risks identified and how to support people. Lack of clear plans to manage identified risks meant that staff did not always have the information they needed to ensure a consistent approach and to demonstrate how people's needs were being met. This is an area of practice that needs to improve.

Environmental risks were identified and managed. An external audit of the fire alarm system had been undertaken on a six monthly basis and a report showed that the fire warning system was not satisfactory. This had been reported to the registered manager and was recorded on the last three audits. There was no indication of what action was being taken as a result of this audit report. Staff said that the fire alarm system was working and we saw that weekly checks were recorded to test that fire points functioned correctly. There was however no clear indication of what action was planned to rectify the issues identified by the audit. This is an area of practice that needs to improve.

The freezer and refrigerators were maintained within safe temperatures and staff undertook the cleaning within the home on a daily basis. All areas seen were clean and tidy including communal areas, the kitchen, dining room and bathrooms and toilets. There were no unpleasant smells in the building and people told us that standards of cleanliness were always maintained within the home.

People told us that there were enough staff to support them. One person said, "There are always staff around if you need them, they help us a lot." Another person said, "Staff are always busy and sometimes you have to wait if you want something, but they are really good and they make time when you need it." During the inspection we saw staff spending time chatting to people and staff told us that this was a usual occurrence. One staff member said, "Although we have chores to do the people who live here are the priority, if they need us we give them our time." Another staff member said, "There is always enough staff on duty, it had never been any different."

The provider had undertaken safe recruitment procedures to ensure that staff were suitable to work with people. The procedure included an application form with a full employment history and evidence of a formal interview having taken place. Two references and a Disclosure and Barring Service (DBS) were also gained before new staff commenced employment. One staff member confirmed that they had to wait for the checks to be completed before starting work.

People's medicines were stored and managed safely. We observed a member of staff administering medicines and looked at the Medication Administration Records (MAR) for each person. There were no gaps in recording. The staff member was knowledgeable about people and the medicines that had been prescribed. Some people had been prescribed "as required" (PRN) medicines and there was clear guidance and a written protocol for staff to follow. Some people took their medicines with them when going to visit a relative. The staff member was able to describe how this was managed and recorded to maintain accurate records for each person.

Accidents were recorded in an accident log book. Staff said that this was seen by the registered manager and actions were taken to avoid a repeat occurrence. Incidents were recorded in daily dairy sheets and included details of what had happened and how the incident was managed by staff. A staff member said that when an incident occurred staff were alerted when they came on shift and were told to read the diary sheet so they were aware of the detail. Some incidents recorded altercations between people living at the home. One example showed that following an altercation staff had alerted the community psychiatric nurse (CPN) for advice regarding one person. Their care plan had then been reviewed and amended with the agreement of the person to avoid further incidents. Staff told us that incidents were rare and recording confirmed this.

Is the service effective?

Our findings

People told us they felt supported by staff who understood their needs. One person said, "The staff do receive training, they know what they are doing." Another person said, "Not everyone understands about mental health but the staff here do." A third person told us "The staff are all nice and they know how to help us." Staff told us that they felt well supported in their roles. One staff member said, "The induction was good, it happened over a month and I felt confident by the time I started properly." Despite these positive comments we found some areas of practice that required improvement.

Staff had not received the training and support they needed to carry out their roles effectively. Some staff had undertaken training previously but their knowledge had not been updated for some years. For example, staff had not completed any formal mental health training. This meant that they were not equipped with up to date knowledge and people were at risk of receiving care that was inconsistent or not effective in meeting their needs. Staff were not all able to tell us about the mental health needs of people they were caring for, they said that they would report any concerns to the person in charge. Staff told us that there were opportunities for discussion about people's needs and they took advice from professionals such as CPN's when needed.

Staff were not receiving regular supervision or appraisals. Supervision can be a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provide staff with the opportunity to raise any concerns or discuss practice issues. We asked a member of staff if they felt supported. They told us that they received support from the registered manager and deputy manager, but that this was usually during the morning handover meeting with other staff present. They said that this was when staff spoke about how to manage and support people. Another staff member said that they were able to speak to the registered manager if they needed support and could contact them by telephone if they needed to.

One staff member had received an appraisal as part of completing a formal qualification but no other supervisions or appraisals were recorded for staff. This meant that the registered manager was not monitoring and supervising staff and could not therefore, be assured that staff were being supported and had sufficient skills to be effective in their roles. There was no clear strategy for developing staff knowledge and skills and supervisions were not scheduled regularly.

Staff had not received the support, supervision, professional development and training as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they were happy with the food provided at Aldyn Care Home. One person said, "The food is good, they ask us what we like and then that's put on the menu." Another person said, "There's a good choice, if you don't like what's on the menu you can ask for something else." A third person told us, "I like a cooked breakfast. I don't have it every day but I do when I feel like it." The food was served in the dining room and portion sizes were seen to be of good size. The food looked appetising and was freshly cooked.

One person said, "It's good home cooking." There was a sociable atmosphere during the lunch time meal and people were clearly enjoying the food.

There was fresh fruit available in the dining room for people to help themselves and we observed this happening. People told us that they could ask for a snack if they were hungry between meals. One person said, "The staff will get you something if you are hungry but I usually buy snacks myself at the corner shop." Staff told us they made tea and coffee every morning and afternoon to encourage people to socialise. People said they enjoyed this time, one person told us, "Some people spend a lot of time in their room. It's a good time to catch up with each other."

People were supported to access the health care services that they needed. One person told us, "If I am not well I tell the staff and they contact my CPN and arrange an appointment for me." Another person said, "I like someone to come with me to my appointments and the staff are good, they do support me." A third person said, "I have to see the nurse regularly, staff remind me and support me if I need it." We saw that people were supported to access a range of services including the GP, district nurse, diabetic nurse specialist, podiatrist and mental health teams. Records showed that people had attended regular health checks and appointments and where people needed support with such appointments this was detailed in their care plans. For example, someone who had a wound was supported to maintain regular attendance at their surgery for dressings. Another person who needed a catheter had a specific care plan that guided staff in what prompts and assistance were required and when to contact the district nurse.

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. We checked whether the service was working within the principles of the MCA.

Some staff had received training in MCA and understood their responsibilities to comply with the legislation. Other staff had not received training but demonstrated an understanding of the importance of seeking consent from people. One staff member said, "We always check with people before providing care," another said, "People have rights and if they refuse care that's fine, I would give them some time and try again later but if they still said no, then that's their choice." We observed staff seeking consent throughout the inspection. Staff members were heard to ask, "Would you like me to call the CPN and make an appointment?" and "Would you like to take your tablets now?" Records showed that consent had been sought for staff to administer people's medicines and people had signed to confirm their agreement to this. Staff said they were aware that some people had fluctuating capacity due to their mental health problems. They were aware that when this happened they might need to make decisions that were in the best interest of the person. For example, a best interest decision had been made regarding holding money for one person who sometimes lacked capacity to make financial decisions. There was a clear agreement in place detailing how this would be managed and the person had confirmed their understanding and agreement at a time when they had capacity to understand the decision. They were able to tell me about the decision making process and confirmed that they had been involved. This shows that staff understood their responsibilities with regard to working within the principles of the MCA.

Is the service caring?

Our findings

People told us that staff were caring. One person said, "They really couldn't be kinder." Another person said, "All the staff are very kind and caring, I have made friends here." A third person said, "I get on well with all the staff, we are a happy gang here." Staff spoke about people with compassion and in a respectful way. One staff member said, "I like all the people who live here, I feel privileged to work here, they have some difficulties but they are all lovely people." Another staff member said, "I love my job and the people who live here. They are nice to work for."

Staff had developed positive relationships with the people they were caring for. One staff member said, "The people here need our help and support but they want to be as independent as they can. It's our job to help them achieve a good quality of life despite the problems they face." We observed positive interactions between people and staff. One staff member was heard talking to a person about coping strategies for their mental health and offering support. The person said afterwards, "Staff are all very kind, they understand when I feel low and try and help." A staff member spoke warmly of the people they cared for and described a family atmosphere in the home. They said, "When it's someone's birthday we make sure there's a celebration, we have a cake and everyone gets together for a meal of their choosing. They have cards and gifts and sometimes family members are invited too. It's usually a lovely homely atmosphere."

Staff knew the people they were caring for well. One staff member described how they supported one person, saying "I know by their mood if they are not well and happy, they become very quiet. I know that I have to give them time and space and then when they are ready I will offer a hot drink and see if they want to talk." Another staff member described the indications that people displayed if their mental health was deteriorating and spoke knowledgeably about strategies that staff used to support them and to prevent relapses. People told us they were happy with the care and felt that staff cared about them.

People were involved in planning their care. One person said, "I was involved in the care plan, and when there's a review. Staff always ask my views." Another person told us that they had been included in developing their care plan and said that they had been asked to sign the care plan to confirm their agreement and understanding. Records confirmed that this had happened. People told us they felt their views were taken into account. One person said, "They do listen, if I don't want to do something or if I don't like something I say so and they respect that." People were supported to be as independent as possible. We observed that people were able to come and go as they wanted to and some people were out during the inspection. One person said, "We have a lot of choice, there are a few rules, like no alcohol in the house, but mostly we can do what we want."

Staff understood the importance of maintaining people's privacy. People's personal information was kept securely to maintain confidentiality. We noted that when people wanted to talk to staff about a personal issue they staff member invited them to a quiet room to talk privately. One person told us that staff were always respectful, saying, "They always knock on the door and speak quietly so other people don't over hear. They are respectful to everyone here." A staff member said, "I always think about how I treat people and give them the respect they deserve."

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "The staff keep any eye on how things are going, they recognise if anything is wrong and try and help." A staff member said, "We pick up on changes, sometimes even quite small things, because we know people well. If there is something bothering someone we will always make time to talk and if necessary change things to support them." Staff said that people were supported to remain as independent as possible and this was reflected in their care records.

People's needs had been assessed before coming to live at Aldyn Care Home. Care plans were based on people's assessed needs and were regularly reviewed and updated. People told us they had contributed to developing their care plans and records showed they had signed to confirm their agreement with the plan. People's care records included information about their life history, previous assessments, medical information and diagnosis.

Care plans were focussed on how to support people with identified risks. For example, someone was identified as being at risk of social isolation and staff had noticed that their mental health symptoms were more prominent when they became isolated. The staff member worked with the person to develop a care plan to address this need through identifying a particular task that the person said they wanted to achieve. They were supported to go to the shops on a daily basis and then to do the food shopping for the house every day. Staff said the person had grown in confidence and achieved a sense of satisfaction from contributing to the running of the home in this way.

Care plans referred to people's interests, for example, one included details of a particular football team that the person supported. Staff told us that they would be able to support them to attend a match if a ticket was available. We asked staff how they ensured that people received personalised care that was responsive to their needs. A staff member told us, "People do have a routine and staff are aware of what they prefer to do. People's choices are respected and we offer whatever support we can." Staff were able to give examples of how people liked to spend their days, including a person who liked to visit the library regularly, another who enjoyed bus trips and a third who made regular visits to relatives. One person enjoyed going to the cinema and they told us that they were able to see a film on most afternoons. Care records reflected these preferences.

Staff were supporting people to maintain relationships that were important to them. For example, more than one person visited family members on a regular basis. Arrangements were in place to provide support and reassurance for family members in order to maintain the relationship. For example, one family member was able to call and speak to staff if ever they had concerns about their relative's mental health or any other concerns when they were visiting them. People said they were able to see friends regularly and maintained social links. A staff member told us, "We encourage people to stay in touch with family and friends if they can." People and staff described a family atmosphere at the home. One person said, "This is my home and I feel very comfortable here, I have friends here and we all work well together. We respect each other's views and there's rarely any problems. The staff sort out any issues."

People told us they knew how to make a complaint and that they would feel comfortable to raise any issues with staff. One person said, "I did have to make a complaint once and staff sorted it." The provider's complaints procedure was included in a service users' guide. Staff told us that any concerns raised were dealt with by the registered manager.

Is the service well-led?

Our findings

Staff and people living at Aldyn Care Home said the service was well led. One person said, "The place is well run and very efficient." The provider was also the registered manager for the home. People spoke highly of the registered manager describing them as accessible and friendly. One person told us, "The owner is very nice, they even visited me when I was in hospital." Another person said, "The manager is often here, they are kind and easy to talk to, a nice person."

Staff spoke positively about the leadership in the home. One staff member said, "The registered manager is supportive to all the staff." Another staff member said "The registered manager and the deputy are both very good, they listen to us. For example, they take any concerns we have seriously and act on them."

There were systems and processes in place to ensure the quality of care was maintained. A care plan audit provided the registered manager with oversight that care plans and risk assessments were regularly reviewed. Staff completed cleaning schedules on a daily basis to ensure that standards of cleanliness were maintained and supported people in keeping their rooms clean and tidy regularly. Incidents and accidents were monitored by the deputy manager and the registered manager to ensure that actions were taken to prevent further occurrences.

Staff and people described a positive atmosphere at Aldyn Care Home. One person told us that they felt it was "homely" because staff made them feel that it was their home. Staff spoke of feeling privileged to work with people in their home, and described the home as a nice place to work, with a friendly and warm atmosphere. The vision for the home was described in the statement of purpose contained within the service users' guide. Aims of the service included optimising people's independence and encouraging coping skills. We noted examples of people being encouraged to go out and about independently. One staff member was heard reminding someone of a medical appointment and checking if they needed any support. We saw staff providing reassurance and guidance to people when they became anxious. These examples demonstrated that the ethos of the service was embedded within staff practice.

Staff told us that a quality assurance questionnaire had not been undertaken for some time and that one was planned. However, staff told us that they asked for feedback from people who lived at Aldyn Care Home on a regular basis. People told us they were involved in making plans at the home and that staff regularly sought their feedback. The most recent residents meeting had included plans for Christmas, such as shopping trips and decisions about what food people wanted for the Christmas day menu. One person said, "Staff are always asking for our views and opinions, on a daily basis really." Staff told us that communication was good. One staff member said, "Staff communicate well with each other, and we can discuss things with the manager and deputy. We all support each other."

Staff had developed good links with the local community and described working closely with health care professionals such as Community Psychiatric Nurses (CPN) to support people with their mental health issues. One staff member said, "We have such a good relationship that we can just call them and get advice when we need it. They are very helpful and supportive to us and the residents here."

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured that processes were established and operated effectively to safeguard service users.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received the support, supervision, professional development and training as is necessary to enable them to carry out the duties they are employed to perform.</p>