

National Care Consortium Ltd

Alderlea Care Home

Inspection report

St. Thomas Close
Humberston
Grimsby
DN36 4HS

Tel: 01472812588

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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: Alderlea Care Home is a residential care home that provides personal care for up to 40 people aged 65 and over. At the time of the inspection 27 people were living at the service.

People's experience of using this service: People and their relatives gave positive feedback about their experience of the service and the care they received. They told us they felt very safe and secure with the staff. People were supported by a consistent team of staff and were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns.

People's received their medicines in line with their prescriptions. Staff understood people's needs and risks to their safety. Risk assessments guided staff on how to safely meet people's needs.

There were enough skilled and experienced staff to meet people's needs. New staff received an induction to their role. Staff received appropriate training and support to enable them to perform their roles effectively. Recruitment processes were in place and followed. Staff were respectful and built trusting relationships with people. They supported people to maintain their dignity and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were trained in mental capacity legislation and understood their responsibilities. They gained consent before providing care and supported people to make their own decisions and choices. Care plans contained current and personalised information that supported staff to provide person-centred care.

Staff worked with health and social care professionals and responded to their advice, to ensure people's needs were met. People were encouraged to pursue their interests and to maintain important relationships. People had end of life care plans in place which identified their wishes.

People were confident their concerns or complaints would be addressed promptly and processes in place aided this. The registered manager was committed to providing a high-quality, person-centred service. They had an open and honest approach and supported staff. The registered manager used audits to monitor the quality and safety of the service. They listened to people's feedback and responded to issues and concerns to continually improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This was the first inspection for this service under the new provider..

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, 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?

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 caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Alderlea Care Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Alderlea Care Home provides accommodation and personal care to a maximum of 40 younger adults and older people.

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: The inspection was unannounced and took place on 23 April 2019.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us of, such as abuse. We sought feedback from the local authority commissioning team. The provider sent us a provider information return prior to the inspection. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We took this into account when we planned the inspection.

At this inspection we spoke with the registered manager, two care staff, an activities coordinator and a cook. We spoke with two people who used the service, seven relatives and a health care professional. We looked at three people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) where staff were responsible for administering medicines. We also looked at a selection of documentation about the management and running of the service. This included quality assurance information, audits, recruitment information for three staff, training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives told us they felt safe. A relative said, "[Name of person] is very safe here and I have no concerns."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them.
- The provider had a safeguarding policy and staff had completed safeguarding training.
- The provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong.

- Care plans contained risk assessments which identified risks to people's safety and wellbeing. These were reviewed, updated when people's needs changed and had suitable strategies in place to reduce risks.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Infection prevention and control was being managed well by the service. Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. People confirmed staff used PPE when assisting them with personal care.
- There were systems in place for monitoring, recording and reporting accidents and incidents. The manager had oversight of these and monitored them for any trends or patterns. Information recorded where lessons were learnt so that improvements could be made to the service.

Staffing and recruitment.

- Staffing levels were appropriate to meet the needs of people and maintain their safety. People told us there was always enough staff on duty and a healthcare professional told us, "Staffing levels appear safe. There is always somebody on hand to help with queries or support us during our visits."
- The provider had recruitment procedures in place and ensured appropriate checks were completed prior to new staff starting work.

Using medicines safely.

- Senior staff, who provided support with medicines, were trained in the safe management of medicines and had their competency checked every twelve months.
- Medicine Administration Records were up to date and accurate. There were protocols in place for 'when required' medicines, which enabled staff to identify when people needed these medicines.
- Medicines were stored safely and audited regularly which enabled any issues to be addressed promptly.
- People received their medicines safely and on time.

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

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.

- Information about people's choices and needs had been obtained through pre-admission assessments. This included information about communication, social, physical and personal care needs. Information from the pre-admission assessment was then used to develop care plans for people. These provided guidance to staff about how to support people in an effective way.
- The provider supported people and reviewed their care and support to ensure this was being delivered as planned. A relative told us, "I have been involved all the way through [Name of person]'s care."
- Staff applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. One person told us, "All the staff are very well trained and here to help." A relative told, "Staff are very well trained. They are alert to any changes in [name of person]."
- The provider's induction and training processes ensured staff had the required skills and knowledge to meet people's needs. The service had an in-house trainer and staff confirmed this worked well.
- All new staff completed a probationary period to ensure they were suitable for their role.
- Staff received regular supervision and support from the registered manager and deputy manager.

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

- Staff assessed people's nutrition and hydration needs. Information about people's dietary requirements and preferences was included in their care plan and was available in the kitchen for catering staff.
- Kitchen staff were knowledgeable about people's needs and provided special diets, such as for diabetics. They had knowledge of how to fortify foods effectively to increase their nutritional value.
- Menus were planned in consultation with people using the service, based on their likes and dislikes. People were offered a choice of meals and the mealtime experience was calm and well organised.
- We received positive feedback about the food. Comments included, "The food is very good, they are very accommodating." A relative told us, "The cook is brilliant and cooks them great meals."

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

- Staff worked well with external professionals. This ensured people were supported to access health services and had their health care needs met.
- Advice provided by healthcare professionals was followed by staff. This ensured people were supported to maintain their health and wellbeing. A health care professional told us, "Staff have a good knowledge of

their residents needs and are able to follow guidance well and raise concerns as needed with the appropriate professional."

- Information was appropriately shared with other agencies if people needed to access other services, such as hospitals and GP's.
- Information about people's health needs was recorded in their care plan and any changes communicated quickly between staff.

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

- The layout of the service enabled people to move around the service freely. People had access to communal rooms and a secure garden where people could socialise. There was also lift access to all floors.
- Equipment was in place to ensure people were safe whilst promoting their independence.
- Improvements to the environment were underway, including the redecoration of communal areas and some bedrooms. There were plans for further work.
- People had been supported to make their own bedroom welcoming and homely by having their own furniture and belongings, such as family photographs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought consent from people and this was documented in care plans.
- People were encouraged to make their own decisions by staff who were trained and working in line with the MCA.
- The provider acted within mental capacity legislation. Nine people who used the service had assessments of capacity completed and DoLS authorised.

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

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.

- We received positive feedback from people and relatives about the caring approach of staff. People told us, "The staff are kind and caring" and "They are great, lovely. I like chatting with them." Relatives commented, "The staff are very caring and compassionate and empathetic towards all residents."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language and eye contact to interpret what people needed.
- We observed friendly and warm interactions between people and staff who knew people well. Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked.
- Staff talked with people about their relatives and the things they were interested in. People's relationships with their family and friends were encouraged. Visitors were made welcome.
- The provider recognised people's diversity. They had policies which highlighted the importance of treating everyone as individuals. People's diversity needs were recorded in care plans and all staff we spoke with knew the needs of each person well. People were respected and valued whatever their race, religion, disability or gender.

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

- People were supported to make their own decisions and lifestyle choices. People and their relatives told us they were included in decisions about their care and were offered choices
- Staff directed people and their relatives to independent sources of advice and support or advocacy; staff provided advisors or advocates with information after getting permission from people. An advocate is a person who can support others to raise their views, if required.
- People confirmed staff respected their wishes and views. We observed staff offering choices and encouraging people to make decisions, such as what they wanted to do and where they wished to spend their time.

Respecting and promoting people's privacy, dignity and independence.

- We observed how staff supported people with dignity and respect and provided individualised, compassionate support.
- Staff provided examples to demonstrate how they maintained people's dignity when providing them with personal care. This included talking with people to put them at ease, closing doors and curtains, and encouraging people to do things for themselves where possible. A professional told us, "When we visit, staff always treat people with dignity and maintain their privacy."
- Staff supported people to maintain their independence. People's care records informed staff about the tasks they could undertake themselves for example putting makeup on.
- Information was securely stored to maintain people's confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans contained important information about people's personal histories and enabled staff to provide person-centred care. Care plans were reviewed and updated regularly. Daily records showed people's needs were met in line with their wishes.
- Care was provided in a person-centred way. One person told us, "The staff who look after us provide excellent care. They feel more like friends, care comes from the heart."
- Staff showed a good understanding of what was important to people and adapted their approach to meet people's individual needs and preferences.
- People were supported to pursue their interests. The activities coordinator ensured everyone had one to one support to enable them to take part in activities which they enjoyed, examples included going for walks and visiting local coffee shops.
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate.
- The manager followed the requirements of the Accessible Information Standard to give people information in a format they understood.

Improving care quality in response to complaints or concerns.

- The provider had received one complaint in the last 12 months. This was managed effectively in line with the provider's policy and actions were taken to address concerns.
- People knew how to make complaints. A copy of the complaints policy was in each bedroom and people told us they were listened to. One person told us, "I have no complaints about the service, I couldn't get anywhere better."
- Compliment cards were kept, showing relatives' satisfaction with the service.

End of life care and support.

- Staff sensitively discussed people's end of life care wishes. Care plans documented people's preferences in a 'celebrating my life' booklet. This included spiritual and cultural information so their wishes could be respected.
- Staff had received end of life training to ensure they could support people in a dignified and respectful way. They understood how to liaise with relevant professionals should someone require end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on their duty of candour responsibility

- The provider and registered manager promoted a person-centred culture through the training they offered, staff supervisions and information shared with staff.
- Staff told us they felt listened to and enjoyed working in the service. One staff member told us, "I feel very supported in my role and if I don't know something I only have to ask." A health professional told us, "The team are well-led and the staff here are always happy and cheerful."
- People told us they had very good relationships with staff who were trustworthy and respectful. They were involved in discussions about their care and experienced good communication with staff.
- The manager understood and acted upon the duty of candour. Processes were in place to investigate incidents, apologise and inform people why things had happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The manager reported safeguarding concerns, notified CQC of events when required, and investigated and responded to any complaints people had about the service.
- Staff had a good understanding of their roles. They were supported with supervisions, appraisals and staff meetings.
- There were effective systems and processes in place to monitor and improve the service.
- People told us staff were professional in their roles. A relative told us, "The manager and the staff are fantastic. They are very respectful and they take on board requests from residents and make changes, it's a fab home."
- The management team had established effective working relationships with other organisations and professionals to ensure people received a good service.

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

- There was effective and open communication between staff and management. Daily meetings were held to discuss any issues or concerns and there were regular staff meetings. A staff member said, "The manager is very approachable and fair. They go the extra mile to help you and will always help out if needed."
- People were included in the development of the service. They were regularly asked their views of the service.
- The registered manager was committed to continually developing the service. Regular audits helped the registered manager monitor the quality and safety of the care provided, identify where improvements were

needed and ensure actions were completed.

- Staff told us the provider and registered manager were open and responsive to feedback.