

Burlington Lovel Ltd

# Alderson House

## Inspection report

Linnaeus Street  
Hull  
North Humberside  
HU3 2PD

Tel: 01482323400  
Website: [www.burlington.com](http://www.burlington.com)

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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

Alderson House is a residential care home providing personal care for 25 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

Alderson House provides support to people with sensory impairment, physical disabilities and people living with dementia.

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

People received safe care. Safeguarding policies and procedures were in place to help protect people from harm and abuse. Management of people's medicine was robust. Staffing levels were monitored and there were enough skilled and experienced staff to meet people's needs. Minor issues with infection control in the laundry were quickly addressed during the inspection. Staff followed infection control practices.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Where risks to people's wellbeing had been found detailed person-centred care records were in place to inform the staff about the care people needed to receive. People's care was reviewed and monitored as their needs changed.

People had their capacity assessed and 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 caring and kind. People we spoke with and their relatives confirmed this. Staff provided comfort and support if people became anxious or upset. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

Staff supported people to meet their health and nutritional needs. People were supported and encouraged to maintain their independence. Staff worked with health care professionals to maintain people's wellbeing.

People felt able to raise concerns. Issues raised were investigated and this information was used to improve the service. There was a good programme of activities in place. Community links were promoted. Dignified end of life care was provided. Compliments about end of life care had been received.

The service was well-led. Continuous improvement, learning and innovation had been implemented. The registered and deputy managers supported the staff team and they all worked together. Quality checks and audits had been improved since the last inspection and they were undertaken to monitor the service

provided. Action plans were created when shortfalls were found to make sure corrective action was taken. Data security was maintained.

People living at the service, their relatives and staff had the opportunity to provide feedback about the service.

#### Rating at last inspection and update

At the last inspection the service was rated requires improvement with two breaches of regulation, report published on 23 June 2018. Following the last inspection, we asked the provider to complete an action plan 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.

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

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

## 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** ●

# Alderson House

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector and an 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

Alderson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We looked at all the information we had received since the last inspection, including the notifications we had received (information about important events which the service is required to send us by law).

We used the information the provider sent us in the PIR. 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. This information helps support our inspections. We also asked Healthwatch for their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with nine people living at the service and three relatives about their experiences. We spoke with the regional manager, quality manager, registered and deputy manager, activity co-ordinator and five staff, one of whom was covering for the cook. 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.

We reviewed a range of records. This included three people's care and everyone's medicine records. We looked at three staff files in relation to recruitment, supervisions and appraisals and looked at a variety of records relating to the management of the service, including policies, procedures, checks and audits.

# Is the service safe?

## Our findings

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risks of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Staff assessed, monitored and reviewed information to make sure people's care records reflected their full and current needs. Since the last inspection robust checks of people's care records, supplementary charts such as food and fluid and turn charts had been undertaken and risks to people's wellbeing had been re-assessed.
- People were encouraged and supported to take positive risks to develop or maintain their independence.
- Accidents and incidents were recorded. Investigations into each incident were fully completed by the management team. Records included detail of actions the provider had taken to reduce the risk of recurrence.
- Opportunities to learn from incidents that occurred were shared with staff to maximise learning.

Using medicines safely

- Peoples medicines were managed robustly and medicine management systems had been improved. Daily medicine counts had been introduced following errors that had occurred where people had not come to harm. Audits were carried out and issues found were addressed.
- People were encouraged to manage their own medicines, where possible. Where covert medicines were used relevant documentation was in place to ensure people's rights were protected.
- People received the support they required with their prescribed medicines to maintain their wellbeing.
- Medicines to manage people's behaviour that may challenge the service or others was not overused.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies and procedures were in place. Staff had received safeguarding training and told us they would report safeguarding concerns straight away.
- When safeguarding issues occurred action was taken to prevent further re-occurrence and this information was shared with relevant external bodies. The management team and staff co-operated with investigations that took place.

### Staffing and recruitment

- People's needs were met in a timely manner by suitably skilled and experienced staff. The management team continued to monitor people's dependency and the staffing levels provided.
- People confirmed there were enough staff. One person said "I am safe living here because there's always plenty of staff about." One relative told us "We know our relation is safe here, we no longer have to worry about them."
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry. Recruitment took place as required.

### Preventing and controlling infection

- Infection control measures were generally robust. We found dust in the laundry behind the dryer at high level. This was removed immediately to prevent the spread of healthcare related infections.
- Staff were provided with personal protective equipment, such as aprons and gloves.
- People we spoke with were complimentary about how clean the service was kept. One person told us "They are always cleaning and shampooing the carpets."

# 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 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

- People's needs were assessed by staff. Information was sought from the person, their relatives and relevant health care professionals which helped inform staff about the care and support people required.
- People told us they were supported well by the staff. One person told us "Staff here seem well trained and they are able to do their job"
- The provider and staff were aware of good practice guidelines and used this information to support the delivery of care for example, The National Institute for Health and Care Excellence (NICE) and Social Care Institute for Excellence (SCIE) guidance about dementia friendly environments.

Staff support: induction, training, skills and experience

- New staff were provided with induction training and they undertook the Care Certificate (a nationally recognised training scheme) to develop and enhance their skills.
- Training for all staff was provided in a variety of subjects. A member of staff told us "There is a lot of training provided for us."
- Staff were provided with regular supervisions and had a yearly appraisal which allowed them to discuss further training and development needs.
- The management team monitored the service to ensure staff had the skills, training and time to support people.

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

- People's nutritional needs were assessed and monitored by staff. Special dietary needs were catered for.
- Staff contacted relevant health care professionals for help and advice if people were losing weight or were at risk of choking to maintain their wellbeing.
- Staff assisted people to eat and drink, where necessary. The cook spoke with people about the food provided. One person told us "The food is very nice, you more or less pick your own food."
- Pictorial menus helped people living with dementia choose what they would like to eat. A person told us "They bring pictorial menus around and show us the pictures."

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

- People had access to health care professionals such as GP's and district nurses. They were assisted to attend healthcare and hospital appointments. One person told us, "Staff call the doctor if you are poorly."
- Staff knew people well and recognised when they were unwell. Concerns were reported so advice could

be gained and followed to maintain people's health.

- A 'hospital passport' document was used to share information with other services, so people's needs could continue to be met when they attended other services.

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

- The environment was dementia friendly. Pictorial signage was present to help people find their way around.
- Quiet areas were provided for people to receive visitors. Communal lounges with radio or TV encouraged people to socialise.
- The grounds had level access and a secure patio with seating so people could enjoy the fresh air. One person told us, "It is easy to get around, I'm partially sighted but get around with help."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff understood and promoted the principles of the MCA and undertook training about this.
- Staff understood what constituted a deprivation of liberty. The management team reviewed information which informed them when people's DoLS were due to expire and took the necessary action to ensure DoLS applications were submitted to the local authority in a timely way for their consideration.
- Best interest decisions were made in consultation with people's relatives and relevant health care professionals to make sure people's rights were protected.
- Staff gained people's consent before care tasks were undertaken. People told us they made their own choices and staff listened to and acted upon what they said. One person told us "The staff talk to me, ask if they can help me."

# 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 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

- People told us the staff were compassionate and kind. One person said "The staff are very kind and caring and I like them." A relative told us "The staff are very respectful. They always ask before providing personal care, if it is alright."
- Staff built positive relationships with people and their relatives. They reassured people who became anxious or upset. Gentle appropriate touch, reassurance or diversion was used to help calm people.
- People's relationships with their family and friends were encouraged. People told us "My family take me out" and "I go shopping sometimes with my family." Relatives were invited to activities and events held at the service.
- Care and support was delivered in a non-discriminatory way and people were supported to follow their faith and live their lives the way they wanted to.
- Staff spoke with people about their family, friends and hobbies. Staff told us enjoyed supporting people living at the service. A member of staff told us "I love working here."

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

- Staff enabled people to make decisions about their care and support and they were there to provide help and encouragement, where required.
- People's care records informed the staff about their individual communication needs. Information was provided to people in a format that met their needs.
- Staff encouraged people to make decisions about their care and support. Staff gave people time to ask questions and respond. If necessary, they re-phrased what they had said to make it easier for people to understand.
- Advocates were available to people to help them raise their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Personal care was delivered to people in their bedrooms or bathrooms with the doors closed. One person told us "Staff always shut the door before washing me and changing the bed."
- Staff ensured people dressed according to their wishes and preferences.
- Care records contained information about the tasks people could undertake for themselves and the support they required from staff to help them remain as independent as possible. People's care records were stored securely to maintain confidentiality.

- The service had a dignity champion in place to promote this to staff and ensure people were treated with dignity and respect.

# 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 good. At this inspection this key question has remained the same. 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

- People received responsive care and support. Staff assessed people's needs and created individualised person-centred care plans, which were reviewed and updated as people's needs changed.
- Change's to people's position to prevent skin damage generally took place timely. This was being monitored by the management team.
- Information about people's likes, dislikes and preferences for their care and support were recorded and staff acted upon this information.
- Guidance about how to manage people's behaviours that may challenge the service or others was available for staff to follow.
- People confirmed staff were responsive to their needs, looked after them well and were there when they required help. One person said "Staff are there when I need them."

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.

- People were provided with information about the service in a format that met their needs.
- Staff spent time speaking with people, gained good eye contact, rephrased questions and waited for their response before acting upon what was said.

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

- There was a programme of activities which included outings, arts and craft and reminiscence. One person told us "We had a choir in recently. The Ukulele man was good." One to one activities were provided for people to help enrich their lives.
- People were encouraged to maintain and develop their family relationships. Relatives were invited to attend events and activities held at the service. Visiting was allowed any time and family pets were welcome.
- A hairdresser visited the service on a regular basis. People we spoke with told us they enjoyed this and looked forward to having their hair done.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was displayed in reception. People living at the service, their relatives

and visitors knew how to raise issues.

- Complaints received were documented, investigated and resolved. Learning from the issues raised occurred and this was shared with staff to help improve the service.
- People told us they would raise issues and could complain; two people were unclear how to do this. One person told us "I would see the manager, but I have never had any need to complain."

End of life care and support

- People were given the opportunity to discuss their end of life wishes and plan for them. This information was recorded in people's care records. This included exploring people's cultural and spiritual needs.
- When people received end of life care staff gained assistance from relevant health care professionals to make sure people were kept comfortable and pain free. Relatives were encouraged to stay with their loved one if they wished, at this important and difficult time.
- Compliments had been received at the service about the end of life care provided. For example, we were informed the service had accommodated a person in a quieter room nearer to staff with a seating area, so timely care and support was always provided.

# Is the service well-led?

## Our findings

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 robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The management team had adopted a robust quality monitoring system. This included audits and checks of people's care records, risk assessments and supplementary charts for example, food and fluid records.
- The management team demonstrated a good understanding of regulatory requirements. There was an on-call system in place to provide help and advice to staff at any time.
- Risks identified were shared with the staff and corrective action was immediately taken to maintain or improve the service.
- Where staff performance issues occurred, corrective action was taken to prevent further re-occurrence.

Continuous learning and improving care; Working in partnership with others

- The provider's quality audit system had been reviewed and were used to help drive improvements at the service in a timely way. When issues were found action plans were created so that the management team could assess the progress made.
- The management team had acted upon the shortfalls found at the last inspection. They worked across the provider group to share best practice ideas and they worked with local health care professionals and other organisations. Good practice guidance and legislation was followed.

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

- The management team promoted and encouraged a positive supportive culture to all parties.
- Person-centred care and support were at the heart of the service. Staff were passionate about ensuring people's needs were met and making sure they were empowered.
- People we spoke with were positive about the service provided. One person told us, "It is nice here. You can speak with the manager at any time."
- Staff confirmed the management team were approachable, a member of staff said "They are always there for us." A relative told us "The service is very well run."

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 and registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

- The management team were open and transparent, and they shared information with us during the inspection.
- Notifications were submitted to CQC as required by law.

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

- Staff meetings were held to allow staff to engage with the management team and raise their views, they considered and acted upon the staff's feedback.
- People living at the service and their relatives had the opportunity to provide their views to the management team and staff on a one to one basis, and through resident and relatives meetings.
- Surveys were developed and were sent to people living at the service, their family, staff and health care professionals.
- The diversity of people using the service and staff was celebrated and protected.