

# Healthcare Homes Group Limited

# Aldringham Court

## Inspection report

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Date of inspection visit:  
27 June 2018

Date of publication:  
22 August 2018

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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

Aldringham Court is a care home with nursing. 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.

Aldringham Court accommodates up to 45 people. Some people using the service were living with dementia. At the time of this unannounced inspection of 27 June 2018 there were 40 people who used the service.

At our last inspection on 11 August 2016, we rated the service overall Good. The key questions Effective, Caring, Responsive and Well Led were rated good. The key question Safe was rated Requires Improvement as people were not consistently supported in a clean and hazard free environment.

At this inspection 27 June 2018 we found that improvements had been made and sustained and Safe is now rated as Good. We found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The design and layout of the building was hazard free and met the needs of people who lived there. All areas of the home were clean and in a good state of repair with equipment maintained. Systems were in place to minimise the risks to people, including from abuse, falls and with their medicines.

Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely.

People were complimentary about the care they received and the approach of the manager and staff. They told us that they felt safe and well cared for. Staff had developed good relationships with people. Staff consistently protected people's privacy and dignity and promoted their independence.

Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

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.

People enjoyed a positive meal time experience and were enabled to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

People received care that was personalised and responsive to their needs. They participated in meaningful

activities and were supported to pursue their interests. The service listened to people's experiences, concerns and complaints and took action where needed.

The manager was accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.

The service had a quality assurance system and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

## 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 has improved to Good.

People were protected from the risk of infection.

Risks had been assessed and guidance provided to staff on how to manage risks and keep people safe.

There were systems in place to assess the numbers of staff required to meet people's needs. The recruitment of staff was undertaken safely.

Staff knew how to keep people safe from abuse and felt supported in reporting concerns.

People's medicines were managed in a safe way.

Accidents and incidents were recorded and reviewed regularly.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Aldringham Court

## **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 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.

This unannounced inspection took place on 27 June 2018. The inspection team consisted of an inspector and a specialist professional advisor who had knowledge and experience in nursing and dementia care. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with nine people who used the service, four relatives, two visitors and three visiting health and social care professionals. We observed the interactions between staff and people. We spoke with the manager, deputy manager, the provider's regional director, the provider's regional clinical support lead, 14 members of staff including care, domestic, catering and maintenance. We also received electronic feedback from three community care professionals.

To help us assess how people's care needs were being met, we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

At our last inspection of 11 August 2016, the key question Safe was rated as Requires Improvement as people were not consistently supported in a clean and hazard free environment. At this inspection 27 June 2018 we found the shortfalls had been addressed and have changed the rating to Good.

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to maintain their safety. This included helping them to mobilise safely using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls. One person said, "I use my frame to help me get about and out in the garden." Mobility equipment such as wheel chairs, walking frames and hoists were clean and in good working order. When not in use they were stored safely. One person told us, "I feel very safe, the building is well looked after and [maintenance person] is always checking things like wheelchairs and [other moving and handling equipment] to make sure it is safe."

Safe systems were in place to minimise the risks to people because electrical, fire safety and the water system were regularly checked to ensure they were safe. Risks to the environment were safely managed.

People and relatives told us that they felt that the service was clean and hygienic. One person said, "It is always spotlessly clean, smells nice and fresh. They [domestic staff] do a very good job." A relative said that the service was, "Very clean and fresh, no overpowering smell of bleach. their home not a hospital." People were protected from the prevention and control of infection. Staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. There were effective systems in place to reduce the risks of cross infection.

Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings, so that prevention strategies could be used to prevent others experiencing similar events. A member of staff said, "I know how to report bad practice if I thought something was wrong. I am confident the management would deal with things straight away but I know about whistleblowing [reporting of concerns to external agencies] and I would if I needed to, the numbers are in the office."

Risks to individuals were well managed. People had up to date risk assessments to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. People who were vulnerable because of specific medical conditions such as diabetes, types of cancer and dementia had clear plans in place. This guided staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people.

People told us there was enough staff to meet their needs. One person said, "I can usually manage just fine on my own but if I need help then I press my buzzer and someone will come." them or I use by buzzer." Another person commented, "Whenever I have used my buzzer I haven't had to wait long for them to come."

The staffing level was appropriate to ensure that there were enough staff to meet people's needs safely. Peoples request for assistance were responded to in timely manner. The management team used a dependency tool to work out the required number of staff and this was adjusted regularly to accommodate people's assessed level of need as this varied. The manager who had only been in post four months acknowledged that there had been issues with recruitment and historically this had meant relying on a preferred agency to maintain safe staffing levels. They told us how through active recruitment this had been addressed and that new staff had been employed. Records including the minutes of relative and resident meetings showed that information about staffing arrangements had been shared. A relative told us, "There has been several changes in the last year, different managers and staff. Lots of agency staff but things have settled down. The new manager has been good at recruiting, I haven't seen any agency staff here for a while."

Medicines were safely managed. One person told us that the staff, "Get me a glass of water to take my pills and remind me what I am taking." Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. We observed a member of staff administering medicines appropriately, they described how they organised their drug administration round to ensure time sensitive drugs, such as those for Parkinson's' disease were given on time to maximise the benefit to people.

The management team had made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors for example with medicines had been identified. In addition, the accident and incident forms were now reviewed by management to ensure that appropriate actions had been taken and followed up on. The manager shared with us that where lessons could be learnt these were discussed at daily meetings and escalated regionally so the provider's other services could benefit.

# Is the service effective?

## Our findings

At our last inspection of 11 August 2016, the key question Effective was rated as Good. At this inspection of 27 June 2018, the service continued to meet people's needs effectively, providing staff with ongoing support and professional development opportunities. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and records seen were regularly reviewed and updated.

Staff told us that they had the training they needed to carry out their role effectively. This included training associated with people's specific and diverse needs such as pressure area care, nutrition and hydration and diabetes awareness. Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People continued to be supported to maintain good health. Conversations with staff and records seen demonstrated that the staff sought advice or support from health professionals when they had concerns about a person's wellbeing. One person told us that, "If I am unwell they get the doctor to visit." A relative told us, "[Person] gets to see a doctor when they need to if it is more serious they will call the paramedics. They always keep us informed of what is going on."

People enjoyed a positive meal time experience and were supported to maintain a balanced diet. They told us they were happy with the food they were served. One person said, "The food is delicious, good quality and plenty of choice." Another person said, "Food is pretty good. Some of us have put forward some suggestions for the upcoming menu. Good to have some variety." Where people required assistance with their meal this was provided sensitively. During the lunch time meal, we saw that two people used an adapted plate so they could eat independently. Our observations and records showed that appropriate action had been taken by the service in response to specialist feedback given to them regarding people's dietary needs.

The service worked with other professionals involved in people's care to ensure that their individual needs were met. However, we found two examples of where the information for care staff and that for nurses about how to meet people's needs were not consistent. The manager immediately ensured that the care plans were accurate and that all staff were clear about the care required.

The design and layout of the premises and garden was appropriate to meet people's needs. People were involved with the decoration of the premises. They told us about choosing the colour of their bedroom and that they were consulted on changes to communal areas. This included the colour of the lounge carpet. One person said, "The manager brought the carpet samples in for us to have a look so we could decide what we liked." Another person added, "Everyone chipped in what they thought; important we get it right. It is our

home after all."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. We found DoLS applications had been made to the local authority and authorised where appropriate.

People's care records identified their capacity to make decisions. Staff had been trained in the MCA and DoLS and demonstrated they understood the MCA and how this applied to the people they supported. One person said, "They (staff) listen to me and respect my decision."

## Is the service caring?

### Our findings

At our last inspection of 11 August 2016, the key question Caring was rated as Good. At this inspection of 27 June 2018, we found people remained happy living at the service, they continued to be complimentary of the staff and management team and felt cared for. The rating continues to be Good.

People told us the staff treated them with respect and kindness. One person said the, "Staff are very good to me, no concerns or even any grumbles, they look after me very well." Another person told us, "I have settled in well. I know the nurses and carers they are all good to me." A third person commented. "The carers are always happy and kind to me."

Two relatives shared with us their positive experiences of how people were cared for in the service. One relative said, "[Person] is very well looked after, staff are respectful and patient. Take time with people."

People were relaxed in the presence of staff and the management team. Staff knew people well including their preferences for care and their personal histories. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service and wellbeing of people.

Our observations and conversations with staff showed that they took pride in their work, demonstrating ongoing interest in the progress and well-being of people. An entry by a staff member in one person's daily records stated it 'made my day, so happy to see [person] out of their room and chatting to people and having a nice time.' This person had previously been quite socially isolated.

People's independence was encouraged and respected. Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks that they could manage themselves and offering assistance only when it was required. Staff were seen consistently supporting people during moving and handling transfers to do as much as possible for themselves whilst ensuring people were safe and comfortable throughout. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff knocked on people's doors and waited for a response before entering. Staff we spoke with described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed. We saw that when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner.

There were no restrictions about when people could have their relatives or friends visit. We saw that people's visitors were made to feel welcome by staff. Staff spent time talking with peoples' relatives and

relatives would approach staff if they wanted to speak about the person they were visiting.

# Is the service responsive?

## Our findings

### Our findings

At our last inspection of 11 August 2016, the key question Responsive was rated as Good. At this inspection of 27 June 2018, we found staff continued to be attentive and responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People told us their choices were respected and acted on in line with their wishes. One person described their experience of living in the service, "It's a very happy place. Everyone is nice and friendly. I really enjoy the food. The entertainment is good always something going on. I haven't once felt sad and lonely. I join in with most things but I still enjoy my moments of peace and quiet. My family visit as much as they can. I have made friends here so am not lonely." Another person said, "The staff are all lovely, nothing too much trouble they can't do enough for you. I like living here."

People's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This included instructions for staff in the care plans on how best to support people, and took account of their needs, choices and preferences. This information enabled staff to get to know people quickly and to care for them in line with their wishes. Care plans were detailed and were kept under regular review. They were kept secure.

Staff supported people to pursue their interests and hobbies and to engage in meaningful activities. There were photographs displayed around the service of people taking part in activities together. This included arts and crafts, quizzes, gardening, knitting, exercise classes and external trips in the community. During the afternoon we saw entertainment from a ukulele player. People were encouraged to take part although some chose to sit and watch. The activity coordinator and the entertainer encouraged people to reminisce about songs they used to sing and included their suggestions into the activity session.

People's wish to not participate in group activities was also respected with one person telling us, "At the moment I stay in my room a lot, I probably should go down more often but sometimes I just don't fancy it."

There had been several compliments received about the service within the last 12 months. Themes included 'caring and compassionate staff' and 'families feeling supported' by the service during episodes of illness or when people were receiving palliative care.

People were happy with the service they received and told us that they knew how to make a complaint should they need to. One person told us, "If I was unhappy I would speak up. You have to, how else can they [management], fix things if they don't know?" The complaints process was visible within the service.

Where people were at the end of their life there were systems in place to support people to have a comfortable, dignified and pain free death. Staff were able to tell us about people's end of life care and how they supported their wishes. In addition, people's records, where people had chosen to discuss it, detailed their end of life wishes. This included if they wanted to be resuscitated and advance care planning where

people had chosen to do these.

# Is the service well-led?

## Our findings

### Our findings

At our last inspection of 11 August 2016, the key question Well Led was rated as Good. At this inspection of 27 June 2018, we found the management team were proactive and took action when errors or improvements were identified. The manager was able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Therefore, the rating continues to be Good.

The current manager of Aldringham Court had been in post four months and their application to register with CQC was being processed. 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.

The manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people, relatives and staff. We saw evidence to support that people's views were used to influence what happened in the service. For example, in response to numerous comments about the food, a review of the menus with input from people who used the service was underway. Three people who used the service had been nominated to become ambassadors and speak to the catering team to share people's views and menu suggestions.

People and relatives told us they felt able to talk to the manager about anything they wished. One person said, "The manager is still fairly new but seems very good, they are listening and things are happening." Another person commented, "The manager is very nice; makes time for you." A relative told us, "There have been lots of changes at Aldringham Court, different managers and staff leaving which has been unsettling. I hope this new manager stays and delivers on what they have said. I like that their door is always open so you can speak to them whenever."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the management team.

There was a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, re writing care plans to make them more person centred. The management team explained how they were implementing a blue bag system to address the gaps found when reviewing people's charts and daily records. They had identified the problem was because records were not always available at point of contact and remained in a person's bedroom. People's records would now be kept in an embroidered blue bag with the person's room number and would travel with the person as they moved around the service. The deputy manager explained this was a work in progress and they had enlisted the help of people who used the service to personalise the bags. During the inspection we saw several people

cutting out numbers and sewing them onto blue bags.

The manager collated information relating to the running of the service which they shared with the provider through regular reporting. This covered everything from admissions, safeguarding, maintenance of the building, to falls, care reviews and people on palliative care. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. A visiting professional said, "We have a good working relationship with the service and management team. Good communication. Records are up to date. When I visit I am given the information I need by staff who know the residents well."