

Hill Care 1 Limited

Alderwood 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alderwood is a care home located in Salford, Greater Manchester and can accommodate up to 39 older people. The home is operated by Hill Care 1 Limited. At the time of this inspection there were 27 people living at the home.

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

Accurate and contemporaneous records were not always maintained regarding people's care. This included medication records for topical creams, food/drink, re-positioning charts, pressure relieving mattresses and thickened fluids. This meant we couldn't always determine if people were receiving the care they required. We have also made two recommendations regarding staffing levels and governance systems within the home.

People who used the service and relatives said they felt the service was safe. Staff were recruited safely and carried out routine COVID-19 testing. There was enough personal protective equipment (PPE) available which people confirmed was always worn.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

There were systems in place for people who used the service and staff to provide feedback about their care through audits, surveys and meetings. Staff spoken with during the inspection told us they felt the service was well-led and enjoyed their roles. The registered manager was aware record keeping needed to be improved and had identified this through audits.

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

Rating at last inspection

This last rating for the service was good (published 28 January 2020).

Why we inspected

The inspection was prompted in part by notification of a specific incident where a person using the service died. This incident is being reviewed by CQC outside of this inspection process. As a result, this inspection did not examine the specific circumstances of the incident. The information CQC received about the incident indicated concerns about people's skin integrity. This inspection examined those risks which could effect other people living at the home.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements with regards to record keeping. Please see the safe and well-led sections of this full report.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

See the safe key question for more information.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led.

See the well-led key question for more information.

Requires Improvement ●

Alderwood Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors 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

Alderwood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity was carried out between 9 and 28 June 2022. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional evidence and information sent to us by the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. The provider was asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. The last submission was made in 2019 and we will ask the home to update this in due course with further details.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included six people's care records, a selection of medicine administration records (MAR) and three staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good, although has now changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the specific circumstances of the incident. The information CQC received about the incident indicated concerns about people's skin integrity. This inspection examined those risks.
- Staff completed records of when people had been supported to re-position during the day to relieve pressure on their skin, however we found gaps in these charts meaning we could not be certain if these interventions were always being carried out.
- Some people living at the home required the use of pressure relieving mattresses which needed to be maintained at the correct setting to ensure they worked properly. However staff were not always documenting this within personal care charts to ensure they were safe to use. People's care plans also lacked specific detail about the correct setting staff should check for.
- Where people had creams applied to keep their skin in good condition, accurate records were not always maintained by staff. Guidance was not always clearly documented about where on a person's body creams should be applied.
- Although we saw people received enough to drink to maintain good hydration, which also promotes good skin integrity, fluid charts weren't always completed accurately and contained differing amounts consumed in comparison to food charts (where fluids were also recorded), even on the same day.
- We looked at the systems in place to protect people from choking and aspiration. People living at the home were provided with the correct consistency of diet, however one person's thickened drink records showed different amounts of fluids were used which was not in line with speech and language therapy (SALT) guidance.

Accurate and contemporaneous records were not always maintained regarding cream charts, food/drink intake, re-positioning and pressure mattress settings. This was a breach of regulation 17, 2 (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

- We checked to see if the premises and equipment were being well-maintained. We saw regular servicing was carried out of hoists/slings, firefighting equipment, gas safety, emergency lighting, electrical installation and legionella.

Staffing and recruitment

- We checked to see if there were enough staff working at the home to care for people safely. Three people told us they felt their call bell was not always answered in a timely way and were not provided with baths

and showers as frequently as they would like. One person said, "I can wash myself but I cannot have a bath when I want to as I need help. I can only have a bath once a week which I do not feel is enough." Another person said, "The care is okay but sometimes I have to wait for help because there is are enough staff about. It can take ages for someone to come if I use my buzzer."

- Following feedback from a residents meeting, the registered manager had increased checks of call bell response times.
- We looked at bath/shower records to see how frequently these were provided, however personal care charts available did not contain this information and were not being documented consistently.

We recommend the service reviews their current staffing numbers to ensure there are no delays with people's care delivery.

- Staff told us they felt staffing numbers were sufficient. One member of staff said, "I would say we have enough staff, but it can be hard at times if people are agitated for example. I would say we can still meet people's care needs though."
- Staff were recruited safely, with all the necessary procedures carried out. This included completing application forms, holding interviews, seeking references and carrying out disclosure barring service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe as a result of the care they received. One person said, "I feel safe in the home, it is a very secure environment." Another person said, "I have to be hoisted. There are always two staff and I always feel safe and comfortable when they are moving me." A relative added, "We feel (person) is in a safe environment because (person) was wandering at home. We can now all relax knowing (person) is safe."
- A safeguarding policy and procedure was in place and the training matrix showed staff had received training about how to protect people from the risk of harm.
- Staff displayed a good understanding about safeguarding and said they had not witnessed any abuse whilst working at the home. One member of staff said, "Serious falls could be a safeguarding matter and if people are looking unkempt or being mistreated. I would report this straight to the manager."
- Deprivation of Liberty Safeguards (DoLS) applications were submitted to the local authority as required and decision specific mental capacity assessments were completed to help people make choices.
- A log of all accidents and incidents was maintained, with details provided about actions taken to prevent re-occurrence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was carried out in line with government guidance at the time of our inspection.

Using medicines safely

- People received their medication safely and we saw MAR were completed accurately by staff when medicines were administered.
- Medicines were stored securely in locked trollies, within a secure treatment room. We observed medicines were not left unattended when a medicines round was in progress.
- PRN (when required) plans were in place to guide staff about when these medicines needed to be given and under what circumstances.
- Both people living at the home and relatives told us they felt medicines were given safely.

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-centered care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good, although has now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centered care.

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

- There were systems in place to monitor the quality of service provided to ensure good governance. This included audits of medication, infection control, care plans and the environment.
- At the time of our inspection the registered manager was aware that record keeping needed to be improved and had identified this through internal audits. We found accurate records were still not being maintained at the time of our inspection however, meaning we couldn't always be certain people's care was being delivered as required.
- As we identified a breach of regulation 17 regarding good governance within the safe domain, this key question cannot be rated higher than requires improvement.

We recommend quality assurance processes are strengthened to ensure record keeping improves.

- Systems were in place to involve people, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback.
- Further quality monitoring systems were in place including observations of staff delivering care. Staff meetings were held so that feedback could be used to make improvements.
- Staff supervisions and appraisals were taken place to monitor performance.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements;

- Both the provider and manager were clear about their roles. At the time of the inspection, there was a registered manager in post, who was supported by a regional manager who worked on behalf of the provider.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw the ratings were displayed as necessary.
- The manager and provider understood their responsibility to submit statutory notifications and these were sent as required.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of

staff said, "It is a busy job as expected, but it is all going well and is a great place to work."

- Staff told us they felt the service was well-led. One member of staff said, "I feel there is good management here. The manager will always help us and explain things where needed. I feel supported and we have a laugh. This is the most content I have felt in a job."
- Although record keeping needed to be improved, both people living at the home and relatives told us they were happy with the care provided, which enabled them to achieve good outcomes. One relative said, "(Person's) care is very good and always looks clean and well presented. The staff are excellent with (person) and they treat (person) lovely." Another relative added, "The care is brilliant and they match all (person's) clothes so she always looks smart. The staff are so kind and caring with everyone. They have brilliant interaction with all the residents living at the home."
- Further comments about the care provided at the home included, "(Person's) care is very good and always looks clean and well presented. The staff are excellent with (person) and they treat (person) lovely." and "We get plenty to eat and drink and the trolley comes around twice a day with drinks and snacks. We get weighed regularly and they tell us our weight, I have maintained a good weight."

Working in partnership with others;

- The home worked in partnership with various local authority's and health teams in the Salford area. This included social work teams, district nurses, dieticians and speech and language therapy.
- The home also had a number of links within the local community, which people were able to access. This included local dementia groups, churches, supermarkets and schools. Several local businesses made donations to the home where the items were used as prizes for raffles and activities.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate and contemporaneous records were not always maintained regarding cream charts, food/drink intake, re-positioning and pressure mattress settings. This was a breach of regulation 17, 2 (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.