Balcombe Care Homes Limited

Aldersmead Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Aldersmead Care Home 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. Aldersmead Care Home provides facilities and services for up to 38 older people who have physical health care needs and who may also be living with dementia. This includes people who have had a stroke or live with a chronic health condition like Parkinson's or diabetes. Aldersmead Care home is one of three care homes within the registered organisation.

At the time of this inspection 26 people were living in the service. This inspection took place on 8 December 2017 and was unannounced.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At the last inspection undertaken on the 24 August 2015 the service was rated 'Good' overall with a breach of one regulation. This was because staff were not consistently providing care in a respectful way. At this inspection we found this regulation had been met and the service continued to be rated 'Good' overall.

Medicines were stored and handled safely. However we found for people who were prescribed 'as required' (PRN) medicines suitable guidelines were not always in place to guide staff on the safe and consistent administration of these medicines. This was identified to the registered manager as an area for improvement.

People were happy with the care and support they received. Family members were also complimentary about the care and support provided to people and them. Visiting professionals provided very positive feedback on the staff and the delivery of care.

People were looked after by staff who knew and understood their individual needs well. Staff were kind and treated people with respect, promoted their individuality and independence whenever possible. They spoke to them in an appropriate way, promoted communication and took a genuine interest in what they had to say.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse or discrimination. Recruitment records showed there were systems which ensured as far as possible staff were suitable and safe to work with people living in the service. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff

had an understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. The registered nurses attended additional training to update and ensure their nursing competency.

People were supported to eat and drink a variety of food. They were provided with choice of freshly cooked meals and drinks each day. People's health was monitored and staff responded when health needs changed. People were supported to attend healthcare appointments and were referred to external healthcare professionals when needed. People were supported to take part in a range of activities maintain their own friendships and relationships with people who were important to them.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

Quality monitoring systems established enabled a thorough review of systems and care provided. Information gathered through quality reviews and audits was used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Individual guidelines for the giving of PRN medicines were not in place to guide staff appropriately. Other medicines were stored and handled safely.

There were enough staff on duty to meet people's care needs. Appropriate checks were undertaken to ensure suitable staff were employed to work at the service.

People and relatives felt people were safe. Staff had received training on how to safeguard people from abuse and were clear about how to respond to any allegation of abuse.

The environment and equipment was well maintained to ensure safety. Risk assessments were used to assess potential risks and to respond to them.

Is the service effective?

Good

The service remains effective.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS assessments had been made to determine peoples' capacity and appropriate referrals were made to the local authority if people needed to be deprived of their liberty to ensure their safety and well-being.

Staff monitored people's nutritional needs and people had food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Relatives were made to feel welcome and recognised as an important part of

people's lives.

Everyone was positive about the care provided by staff. Staff knew people well and had good relationships with them.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service remains responsive.

Accurate records and care plans were maintained to ensure that people got individual and person centred care.

There was a comprehensive and personalised activity programme which people enjoyed participating in as they wished.

Complaints had been recorded investigated and responded to appropriately.

Is the service well-led?

Good

The service remains well-led.

The management systems ensured safe and best practice was followed in all areas. This included accurate record keeping and the use of clear policies and procedures.

The registered manager was supportive to staff and had a high profile in the service.

Systems were in place to gather information from people, relatives and staff and this was used to improve the service.

Aldersmead Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 8 December 2017 and was unannounced. This was undertaken 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.

Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make
During the inspection we were able to talk with seven people who use the service and three visiting relatives. We spoke with eight staff members, including the registered manager, cook, activities person, two registered nurses, a carer, the receptionist and maintenance man. We spoke with a visiting health care professional and after the inspection we contacted a further specialist nurse who had regular contact with the service and gave us their feedback.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is when we looked at people's care documentation in depth and related this to observations and discussions with staff. This allows us to capture information about a sample of people receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in Aldersmead Care Home. This related to having other people and staff around them. Comments included, "All the ladies and everybody make me feel safe," "I feel safe because it's lovely here surrounded by nice people" and "Yes, I feel safe here. There's always somebody around. I've got sides on my bed and it makes me feel safe that I won't fall out." Relatives were also confident that people were safe and well cared for. One said, "I feel my mother is safe here and she has improved so much since she has been here." Another said, "I think it is safe here for dad because there's someone around and awake 24/7." Visiting health professionals confirmed staff responded to people's needs in a way that kept them safe.

Despite this positive feedback we found practice that did not support safe care in all areas. People who were prescribed 'as required' (PRN) medicines did not always have individual protocols and guidelines in place to guide staff on the safe and consistent administration of these medicines. For example, a medicine prescribed to relieve anxiety and another medicine prescribed to improve breathing as needed had no individual guidelines for staff to follow. PRN medicines are only taken if they were needed, for example if people were experiencing pain. The provider could not demonstrate that these medicines were administered in an appropriate and consistent way. Therefore they may not have been used appropriately to ensure the safety and health of the individual concerned. This was identified to the registered manager as an area for improvement.

Other systems relating to the management of medicines were found to be safe. People and relatives told us people received their medicines when they needed them and were satisfied that they received the correct dosages. One person said, "They come around with the stuff and give me some water to take it with. I'm sure they probably tell me what it is but I can't remember." One relative said, "As far as I know the medicines are done on time. I've no reason to doubt it isn't. I've been here when they're handing stuff out so I'm sure there's a set routine."

We observed medicines being administered safely. All medicines were administered by the registered nurses. When giving medicines staff followed best practice and gave medicines to people on an individual basis. Once given the medicines administration records (MAR) chart was completed. The registered nurses took time to explain the tablets being given and ensured people had time to take their tablets safely with a drink if needed. Variable dose medicines were well managed with systems to check the correct dose was being given depending on changing blood test results. Medicine storage facilities were appropriate and well managed. For example, medicine rooms were locked and the temperatures of these rooms were monitored to ensure medicines stored were not damaged by high temperatures. The registered nurses were familiar with the ordering and storage arrangements.

Staff recruitment records showed the required checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. These checks included confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults. There were systems in place to ensure

staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC). This confirmed their right to practice as a registered nurse. The registered manager co-ordinated the recruitment of staff and told us they were particular in who they recruited taking account of people's motivation when coming for an interview.

Staffing arrangements were flexible and ensured there were sufficient staff to meet people's assessed needs. Each day shift had two registered nurses working alongside six care staff in the morning and five in the afternoon evening. The night shift was staffed with one registered nurse and two care staff. The registered manger worked in addition to these numbers along with catering and domestic staff. Agency staff were used to cover known shortages and as far as possible regular agency staff were used to ensure people were supported by staff who were familiar to them, and understood their individual needs.

People told us there were enough staff and the bells were responded to in a timely fashion during the day and night. One person said, "There is probably enough staff. The ones here are very good, but I don't expect them to be on the doorstep." Another said, I can get around on my own with my frame, someone always helps me get up and go to bed and I don't really wait around too long for help, so I suppose for me everything is good." A third person said, "There always seems to be so many people working here. I like it and they look after me well." A relative said, "I have never known whereby someone has had to wait for assistance, staff always go to assist immediately."

Staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were confident any abuse, discrimination or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Staff understood how to report any concerns. The registered nurses were able to describe the safeguarding procedures to follow to ensure any risks were removed and referred to the appropriate authorities. The registered manager described recent contact with the local authority relating to concerns the staff had raised around ensuring people received all medicines in a timely manner. They worked with the relevant authorities to improve the provision of prescribed medicines from the pharmacy.

The provider promoted a safe and clean environment. Infection control procedures were followed and staff used protective clothing appropriately. Hand hygiene was promoted and hand sanitisers were available at key areas in the service. Security measures were in place and all visitors entering the service signed a visitor's book at the reception area. Health and safety checks and general maintenance were established and completed routinely by the maintenance person. Emergency procedures and contingency plans were established for staff to follow and use. Fire assessments and procedures were used to promote fire safety in the service and the maintenance person ensured fire equipment was maintained and staff and visitors to the service were aware of fire safety arrangements. Each person had a Personal Emergency Evacuation Plan (PEEPs) and these were available to direct staff and emergency services for the safe evacuation of people from the service in the event of an emergency

Risks to people's safety and care were identified and responded to. Risk assessments were used to identify and reduce risks. For example, risks associated with nutrition, moving people and pressure areas were documented, and a risk management plan was then established. These plans were assessed and developed by the registered nurses. They ensured staff followed these through into practice. This included ensuring people received care to reduce the risk of pressure area skin damage with the use of equipment when required.

Good

Is the service effective?

Our findings

People and their relatives were very complimentary of the staff and told us they were skilled and well trained. One person said, "They are very good and know what they're doing. They have some patience I can tell you." A relative told us, "The staff are superb. When my relative was brought in here she couldn't speak. They have got her talking. Not a lot, but we're on the right track. They are dedicated and professional and I can't praise them enough." Visiting health professionals were complimentary about the staff their skills and their dedication.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff had completed training on the Mental Capacity Act (MCA) and DoLS. There were relevant guidelines available for staff to use. Staff understood the principle of gaining consent before any care or support was provided. Staff asked for consent before providing support and gave choices to people throughout the day. Staff knew and responded to people's choices. This included responding to where they wanted to spend their time. One person chose to say in their room socialising with family and staff only. A relative told us, "They are reserved and would not want to mix, that is their own choice."

People's capacity to make decisions was assessed as part of the admission process to ensure their decisions were taken into account. When people were thought not to have capacity to make specific decisions, staff worked in accordance with the Mental Capacity Act (MCA). The registered manager identified when people were not able to make specific decisions around their care and treatment that could restrict their liberty. They had made appropriate applications to the local authority for a DoLS. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm.

The provider and registered manager were committed to supporting staff to learn and develop. Staff that were new to the service attended a structured induction programme. This included formalised training and support in understanding people's care needs along with shadowing senior staff. The induction programme was based on skills for care common induction framework. These standards provide a set of standards for health and social care workers can work in accordance with. Each staff member was allocated into a key work group with a designated registered nurse and a senior care worker who supported staff in the development of skills and competency.

An essential training programme had been established and staff had completed essential training throughout the year. This training was co-ordinated by the registered manager who ensured staff completed the required training. The training programme was varied and reflected the needs of people living in the

service. It included training on health and safety, infection control, food hygiene, end of life care, dementia awareness, equality and diversity, mental capacity and DOLS, safe moving and handling and safeguarding.

Additional training was provided in order to meet people's specific care needs or to develop staff. This included supporting staff to complete diplomas in health and social care and developing the skills for the registered nurses. This meant for example, staff were trained and updated in the use of syringe drivers used to deliver medicines in a continuous way. A visiting professional explained the registered manager ensured staff were updated on specific skills before people with these needs were admitted to the service. This included people with equipment and machinery required to support their health. They also told us the registered nurses ensured staff followed evidence based best practice. For example, the Gold Standard Framework for end of life care.

The services environment was adapted to meet people's individual needs. Most rooms had level access to all areas in the service and baths and showers were adapted for people with a disability. When people's mobility deteriorated and this impacted on their ability to move around the service they were moved to a more suitable room. This ensured people were not marginalised by their disability. Good planning and design can help in making it easier for people to interpret and navigate a service in safety, and the use of colour and contrast can be used in different ways to assist in this. Consideration had been given to ensuring signage was used to orientate people as to where they were in the service.

People were complimentary about the food and enjoyed the variety and choice. People were complimentary about the food and comments included, "The food is very good, I'm getting much more than I need. There's a good choice. They always ask if I need help but I can usually manage myself," and "It's very good. No complaints whatsoever. I have a nice glass of wine with lunch. I usually take cornflakes for breakfast but I can order a cooked breakfast if I want. There's different food every day."

People were supported to have enough food and drink. This met their individual needs, preferences and was provided in a way that promoted a good dining experience. Meals were presented in an attractive way. Dining tables were set with napkins, condiments and people were given a choice of beverage that included wine and fruit juice. Menus were displayed on each table. Staff were available to support and encourage people where ever people chose to eat. Staff were not rushed and gave people time to eat at their own speed with the correct approach being used. For example, encouraging people to eat independently but observing and returning to people who needed further support. When food was offered to each individual they were told what was on their plate and asked if they were happy with what they had been given. One person was not and their meal was replaced immediately by another. They ate this meal and told staff how 'lovely' it was.

People's individual needs were responded to. People had their dietary needs and preferences recorded when they were admitted to the service. These were shared with the catering staff. The chef was able to discuss people's individual needs and said, "We can cater for diabetic, gluten free and any other special diets. If people need a soft or pureed diet we accommodate this, following guidance from the Speech and Language Therapist's (SALT) team." Staff monitored people's weights and if people lost weight or had difficulty in eating and swallowing they were referred for professional advice. Suitable support and monitoring were put in place. For example, fluids were thickened according to the Speech and Language Therapist's directions and meals were pureed to reduce the risk of choking. Food and fluid charts were completed daily, with fluid intake totals calculated at the end of each day to ensure sufficient hydration.

Staff responded to people's mental health and physical health care needs. Staff worked with the community health care professionals and provided a multi-disciplinary approach to supporting people to be as healthy

as possible. A variety of health care professionals were engaged with to support people's health. This included the district nurse, community nurses, specialist nurses who gave valued input for people with complex care needs. Routine and regular appointments were organised and ensured people saw a dentist, optician and chiropodist when needed. One person told us, "The dentist came out to me not so long ago. I only have to ask and they will make arrangements." Another told us, "We have a chiropodist who comes here every six weeks. If I want to see him I'll just tell Matron and she'll sort it out. They can arrange for an optician, you just ask." A visiting health professional told us staff were proactive in seeking professional advice when needed. This ensured 'health promotion and hospital admission avoidance'. Staff communicated effectively with each other in order to respond to people's needs. For example, the staff handover shared information on how people were feeling and if they were feeling unwell. A relative told us staff responded to people's health needs effectively. They said, "Yes, everything is done exactly as it should be. I'm here every day and I see what's going on. I am certain that if a doctor was needed there would be no delay in calling one. It all seems very professional here."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their every day care and contact. People who used the service, relatives and visiting professionals were positive about the caring attitude of the staff and said the staff were courteous and friendly. People told us, "They're all very nice and polite," and "The staff are very nice, they stop and chat if they have time."

At the last inspection undertaken on the 24 August 2015 we identified a breach of regulation and asked the provider to make improvements in the approach of staff as they were not consistently providing care in a respectful way. At this inspection we found staff were consistently kind and respectful and the regulation had been met.

The SOFI and general observations showed interactions between staff and people were caring and kind. Staff patiently explained options to people and gave them time to answer their questions. We heard singing, laughter and good natured exchanges between staff and people. Staff demonstrated their concern for people's well-being and safety and attended to them with a genuine caring approach. For example, one person was asleep in their chair at lunch time. A staff member gently tried to wake them. They sat down next to them, held their hand and using soothing tones tried to wake and persuade them to have something to eat. As they did not wake their meal was sent back to the kitchen with instructions for staff to try again at a later time. Relatives and visiting professionals were positive about the approach of staff describing them as professional, caring, polite and helpful.

The staff supported people to maintain relationships with people who were important to them. Visitors were able to come to the service at any reasonable time, and stay as long as they wished. Visitors told us they were welcomed and always offered a drink. Visitors could say for meals and snacks and over Christmas one relative was able to stay for dinner free of charge. An invitation to a Christmas party was displayed and extended friends and relatives. One relative said, "They all call me by my name and keep me up to date on how my relative is doing. This is not an easy job but I've never seen anyone get bad tempered or raise their voice." Staff engaged with visitors in a positive way.

Staff supported people's equality and diversity people's individual beliefs were recorded as part of the assessment process and responded to appropriately. Staff understood that people's beliefs were important to them. One person told us, "I am very close to the church. They have a Roman Catholic priest visit, but my own pastor comes in and does communion with me which is very comforting." Staff had a good understanding of equality and diversity. Training and policies were in place to guide staff.

People's privacy and dignity was promoted. People and their relatives told us all staff were respectful and asked for permission before doing anything that impacted on privacy or dignity. Their comments included, "No one comes into the room without knocking first and saying who it is." When they wash me they make sure the door is shut and if the light is on the curtains are drawn," and "Even when the door is open they knock and say hello and why they're there before coming in. If personal care is being given the door will be closed. I know they explain everything they are doing while they're doing it so my relative is involved and

knows what's going on." One relative described how staff promoted dignity for one person, "Because he's doubly incontinent it's important not to embarrass him and they don't. He is taken off without any fuss to be washed and changed."

Staff responded to people's choices and their individual identity was promoted. People and relatives were consulted on people's choices preferences and staff had time to provide care and support in an individual way. One person told us, "We can go to bed whenever we like and getting up is the same. I'm usually in bed quite early, unless I'm watching a film in here. We can have a hot drink or something to eat at any time of the day or night so if I'm in here I'll ask one of them to get me a nice hot drink and maybe a bit of toast. Lovely." Staff supported people to maintain their independence. They told us how they assisted people to remain independent. One staff member said "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support, we encourage them to do as much as they can, even if it means taking a while."

People were called by their preferred name and this was known by staff and recorded. One relative said, "They always call my dad by his name and I hear them speak to the other inmates using their names." People's bedrooms were personalised and contained important individual memorabilia. Rooms were decorated with photographs of family and/or older photographers of themselves at a younger age. This gave staff a point of reference for conversation and gave people a sense of identity.

Good

Is the service responsive?

Our findings

People told us staff understood their needs and supported them appropriately and in a professional way. People and their representatives were involved in deciding how people's care was provided. Discussions were recorded and individual care plans were written. A handover sheet was used to ensure key information on people's needs were shared and discussed at each staff handover. This ensured staff had up to date and accurate information on people in order to meet their changing needs. Visiting professionals were confident that staff met people's needs and told us staff were committed to meeting people's care and support needs.

Before moving into the service people's needs were assessed this ensured their needs could be met before admission. These were completed by a senior registered nurse and clarified all nursing needs. Information from the pre-assessment was then used to develop care plans and risk assessments when people moved into the service. Care plans contained information about each person, their family history, individual personality, preferences and interests. They recorded people's healthcare needs and the support required to meet those needs. Care plans contained guidance for staff on how best to support each individual. Reviews took place regularly and people, and where appropriate their representatives, were involved with these. Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff monitored and recorded regular contact with people and recorded the fluid and diet they consumed. People were assisted to use the toilet on a regular basis to support continence. One person had specific care guidelines around how long they spent in a chair and staff all knew these timescales.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, hearing aids and glasses were available and maintained. Staff were skilled at communicating effectively. For example, staff lowered themselves to enable eye contact and spoke directly to people, and ensured background noise was minimised. Information about activities and meals were also provided in pictorial form to ensure people understood the information provided.

A range of activities and entertainment was organised which people joined in as they wished. These were varied and stimulating and reflected the differing preferences and needs of people. These currently include chair exercises, creativity classes, painting, knit and natter, board games, bingo, floor games, quizzes, theme days and external entertainers; a pianist, vocalist and musician, a vocal soloist, and a lady who comes in and does a session on reminiscing. Activities were advertised within a weekly schedule and ensured there was something to attend each morning and afternoon.

The service employed specific staff to organise and facilitate activities and entertainment, they were enthusiastic and committed to developing interesting and motivating activities. They told us they loved their

job and "wanted to make a difference to people's lives." The communal areas were well used, and interaction between people and staff was promoted when activities were provided. For example when a quiz was played people were engaged with in a thought provoking and humorous way. When the professional singer entertained, people were encouraged to sing a long and use tambourines to accompany and join in. For those people who did not participate in any planned activities one to one time was provided, this was mostly time for talking and also comforting people. However, the activity staff were creating memory books to promote meaningful conversations.

When there was no organised activity people watched and listened to the radio and television. During these times staff were attentive and did not ignore anyone. They checked each of them regularly exchanging a few words and checking they had drinks and offering regular snacks. People said they enjoyed the activities provided particularly the singers who come, mixing with each other and the staff.

The registered manager and provider encouraged feedback through complaints and comments about the service. There was a complaints policy and procedure available to people to use, this gave information on who to contact if not satisfied with internal investigations and resolution. A copy of this was displayed in the service and held within the brochure information. People and relatives told us they were able and comfortable to raise a complaint if they needed to. They believed any concerns raised were, or would be listened to and responded to. One person said, "If I wanted to make a complaint I feel I could do, but haven't felt it necessary." Records confirmed complaints that had been raised in the past had been documented and responded to appropriately.

Some people required end of life care and staff supported them to maintain a comfortable, dignified and pain free death. Appropriate support and treatment was sought in a timely way when needed. Staff received training on end of life care and the registered nurses were skilled in using any additional equipment required along with managing palliative care medicines. People's pain was regularly reviewed to ensure each person was comfortable. Staff worked closely with community health care professionals. Who told us staff provided a good standard of care and followed best practice guidelines. Care plans were in place which considered what the person's wishes were and where they would like to be cared for. These were completed as far as possible with people and their families. However, staff were mindful of people's wishes to not discuss this. Staff were aware of people's spiritual and cultural needs at the time of their death and these were respected with sensitivity and care.

Good

Is the service well-led?

Our findings

People and visitors spoke highly of the registered manager and how the service was run. People told us they liked the friendly homely atmosphere in the service, and appreciated the standard of cleanliness the good food along with the genuine care shown to them. People knew who the registered manager was and mostly referred to her as 'Matron'. One person said, "The Matron is so busy, I don't like to hold her up but if I needed to speak to her I know she would have time for me." Visiting professionals were complimentary of the registered manager and the way she managed the service. They told us she was efficient and understood the clinical and emotional needs of people and supported not only people but their relatives too.

There was a clear management structure in place at Aldersmead Care Home that staff understood. Aldersmead Care home is one of three care homes within the registered organisation and therefore benefits from the input and review of a regional manager and directors of the company. One the day of the inspection a director was visiting the home and reviewing ongoing improvements to the decoration of the service.

The registered manager had an overview of the staff and the clinical needs of people and was committed to the provision of quality care and services. She was supported by a receptionist who had administrative responsibilities along with an appointed deputy manager and a team of registered nurses. The registered nurses who worked on days were divided into teams with supporting senior carers. This provided an extra support system to junior staff members and allowed for closer monitoring of individual staff performance. There was a positive culture in the service and staff told us they were happy in their work. They spoke highly of the registered manager and representatives of the organisation. They told us both were available and approachable and provided a supportive environment to work in.

The registered manager engaged with local stakeholders and attended local forums to ensure she was up to date with changes in legislation and best practice. For example, they attended the forums held by the local Hospice service enabling learning and discussion around best practice.

Staff had clear job descriptions and terms and conditions of employment, they received regular supervision and annual appraisals. Group supervision and staff handovers were also used to discuss team practice and organisational issues. This approach supported a positive culture that was open and empowering. Staff told us they understood their roles and what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, everybody gets on and we work as a team," and "I was made welcome when I first came here to work, it's a lovely home and we can do our job well because of that." Staff knew about the whistleblowing procedure and how to use it.

Clear policies and procedures were established and reviewed and reflected current legislation. Staff had access to these and the registered manager used them to establish the standards of care expected to be maintained. Staff were given training on the procedures and were assessed against these through their induction and ongoing supervision.

There were arrangements in place that provided on call managers and senior staff to provide advice and guidance to staff every day and night if required. Staff told us they were able to contact senior staff whenever they needed to. The registered manager held regular staff meetings and used these to thank staff and to motivate them to continue planned improvements and to remind them of their roles and responsibilities. These meetings allowed for open discussion and communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. Minutes evidenced attendance, areas of discussion with agreed actions. The values of the organisation and service were also discussed at team meetings and used to underpin the care provided.

The registered manager and organisation sought feedback from people and those who mattered to them in order to enhance the service. This was facilitated through regular meetings satisfaction surveys and regular contact with people and their relatives. Meetings were used to update people on planned events and other activities, changes in staff and any works to be completed to the premises. Two notices boards were used to share information along with a monthly newsletter. Surveys focussed on key areas and had recently included food and beverages, cleaning, dignity and respect. Feedback from satisfaction surveys were used to plan improvements through action plans. Staff views were also sourced through satisfaction surveys. These were followed up with a staff meeting to review the findings which were fed back to the providers.

There were a number of quality systems were in place and these included a variety of audits. These included medicine audits, health and safety audits and infection control audits. These were used to improve practice. For example, a recent infection control audit was completed and action points identified. A new infection control champion was to be appointed. A regional manager for the organisation completed a quality review on a bi-monthly basis and shared their findings with the registered manager for improvement and also to recognise where the service was doing well.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.