

Aliwal Healthcare Limited

Aliwal Manor Care Home

Inspection report

Turners Lane
Whittlesey
Cambridgeshire
PE7 1EH

Tel: 01733203347

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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

Aliwal Manor Care Home is a residential care home providing personal care to 31 people aged 65 and over at the time of the inspection.

Aliwal Manor Care Home accommodates 32 people across four separate wings over two floors, each of which has separate facilities.

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

People who lived at Aliwal Manor Care Home received care from a staff team who were passionate about delivering a service based on individual needs. Staff knew each person well. People's views were respected, and they were involved in everything that happened in the service. People were happy living there and relatives trusted the staff team to look after their family members. One relative said, "I couldn't wish for anywhere better for [family member]"

Staff delivered care and support that was personalised. Staff were kind, caring and motivated and people, their relatives and external professionals were complimentary about the care provided. Staff respected people's privacy, dignity and independence and encouraged people to lead their life in the way they wanted to.

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

People were supported to maintain good health. Staff made referrals to health professionals when required. Staff were kind and caring and had developed good relationships with people using the service. People were supported to have maximum choice and control over 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.

People had access to food and drink based on their individual choice and preferences. People had access to a wide range of activities that reflected their specific needs and interests.

Care plans were in place which guided staff to provide support that met people's needs which were in line with their preferences.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons

were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care. A relative told us, "I have nothing negative to say about the home and I can't think of anything I would want improved."

Rating at last inspection

The last rating for this service was good (published 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 ●

Aliwal Manor 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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out the inspection. 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

Aliwal Manor Care Home is a 'care home'. People in care homes receive accommodation and 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

During the inspection

We saw how the staff interacted with people who lived at Aliwal Manor Care Home. We spoke with eight people who lived there and five visitors. We spoke with the newly appointed manager, regional support manager, district manager, and five members of care staff

We looked at five people's care records as well as other records relating to the management of the service. These included medicine records and audits.

After the inspection

We received feedback from four health and social care professionals. We used the information the provider sent us in the provider information return. 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 inspection. We used all of this information to plan our inspection.

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 as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Aliwal Manor Care Home. One person said, "I feel safe here. They lock the doors, so people can't get in." Another person told us, "I feel confident and safe with all of the staff here." People's facial expressions and body language told us that they felt safe and comfortable with the staff. A relative told us, "I am content that [family member is here, and I know staff are keeping them safe."
- Systems remained in place to protect people from harm. Staff continued to understand what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management

- Risk assessments gave staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control. Risks included those with poor mobility, choking and using bed rails.
- Equipment in use in the service continued to be maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.
- Staff knew how to support people who displayed distress behaviour, this ensured everyone was kept safe.

Staffing and recruitment

- People told us they thought there was enough staff to meet their needs. One person said, "There is always someone around." A relative told us, "[Family member] can operate their call bell and staff always respond quickly"
- An external professional felt there was a good relationship between staff, management and people who use the service. They told us, "The registered manager believes in supporting the staff to grow through training and experience."
- The registered manager told us staffing levels had met people's assessed level of need. On the day of inspection there were enough staff on duty for people to have all their support needs met. Staff said there were enough staff for the number of people currently living at the service. One member of staff told us, "We have the same number of carers on at weekends (same as weekdays)."
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the service. One member of staff told us, "I had my DBS check done before I started, and I had to provide references"

Using medicines safely

- Medicines continued to be managed safely so that people received their medicines as the prescriber

intended. One person said, "The staff always wait with you while you take your tablets, that way they know you are up to date with them."

- Staff kept accurate records of all medicines ordered, given and disposed of. Medicines storage was appropriate.
- Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.
- Staff continued to undertake training and have their competency checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.
- The environment was clean and tidy throughout the day. We noted any spillages were quickly attended to. An external professional commented, "The first thing that I notice is the high level of cleanliness, this is throughout the home."

Learning lessons when things go wrong

- Staff continued to record any incidents and accidents. The registered manager included them in their monthly report to the provider's health and safety, and quality assurance teams. These teams evaluated what might have gone wrong and shared any learning with staff teams across the organisation.
- Staff meetings gave staff the opportunity to discuss any safety issues or investigations from their own and other organisations, to learn from them and to change their practice if needed.

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 has 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

- Each person's holistic needs continued to be fully assessed before they are offered a place at the service. Needs were assessed in line current good practice guidance. This initial assessment formed the basis of the person's care plan. An external professional commented, "[The registered manager} take the time find out about the person, their background, their care needs and what the hopes and plans are for their future. They also are realistic about the needs of people and understand that challenging behaviours can be as a result of lots of different factors. They do not automatically say no to people who need a bit more care, support and time. They care and that is so important."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and it was evident that staff knew people very well.

Staff support: induction, training, skills and experience

- Training courses and development opportunities continued to be undertaken so that staff had the knowledge and skills to look after people well. Staff confirmed they received lots of training and could always ask for other courses that were relevant to gain further knowledge. One member of staff told us, "I have done lots of e-learning here, first aid, fire marshal and dementia training and I am happy with the training that I have had." Another member of staff said, "There is always something new to learn."
- Staff felt well-supported by the management team and by each other. Regular staff meetings and supervision sessions enabled staff to discuss any issues and get any further support or training they needed. The registered manager and deputy manager worked alongside staff so that they knew first-hand how well staff worked.

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

- People had choice and access to sufficient food and drink throughout the day; food was well presented, and people told us they enjoyed it. Baskets of crisps and fruit was available around the service. One person said, "The food is a lot better with this chef. Their heart seems to be in the cooking." Another person told us, "I think the chef is amazing, they really enjoy their job." A third person said, "I am happy with the food here and you get a choice. I never get hungry."
- Staff were aware of people's dietary needs and any support that they required to eat and drink and to maintain a healthy weight.
- Staff checked people's weight and encouraged people to eat and drink enough to maintain their health. We observed staff offering drinks throughout the inspection.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs and provided people with seamless care. A professional from the hospital commented, "[Name of registered manager] is very organised, they give me clear timescales for when they can assess. As soon as they return to the service, they contact me with the results of their assessment and gives a quote and a clear date for when we can send people back to the service."
- Referrals to other agencies such as dietician and chiropody were made in a timely manner.

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

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.
- People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

Supporting people to live healthier lives, access healthcare services and support

- Staff knew people very well and could recognise when they were not well.
- A range of healthcare professionals supported people to stay as healthy as possible. One external health professional told us, "[Staff] always go out of their way to help our nurses. They communicate fantastically and always report any concerns and seek advice where appropriate." A relative said, "Staff will get the Doctor out if they need to."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "We must always assume the residents have capacity, regardless of whether they are living with dementia and support the individual in the least restrictive way."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

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 were supported by staff who treated them with patience, kindness and understanding. Staff described Aliwal Manor Care Home as a homely service, and the people who lived and worked there as family. One person said, "The staff are very patient and don't rush you which I like." One relative told us, "The staff are like part of the family to us." One member of staff said, "If I can make a resident smile that day then I have done my job."
- Staff were constantly interacting with people, reassuring those who were anxious by sitting next to them, talking with them and holding their hands. People and their relatives commented, "If the staff see you struggling with anything they come and help you." "I feel like Lady of the Manor here. I don't have to cook or wash up, it is lovely." And "Staff have done all they can to make [family member] really comfortable. That is a comfort to us as a family."

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

- Staff were committed to providing a person-centred service where people were treated as individuals and supported to make a choice. One person told us, "I can choose what time I get up and go to bed. I can spend my day how I want, staff don't mind."
- Staff were proactive in providing opportunities for people to express their views about the quality and safety of the service. Minutes of a 'residents meeting' documented people had been asked whether they felt safe and had any concerns they wanted to discuss.
- People were supported to maintain relationships with those most important to them, and relatives told us they were always made welcome when they visited the service. One relative said, "Visitors are always made welcome and staff offer you a drink."
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness, dignity, respect and their independence was promoted. One relative told us, "[Family member] tries to sort out their own clothes but they can't see very well so the staff help them and describe things to her. [Family member] is still very independent and staff let them do as much as they can."
- Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well-presented was an important part of their supporting role. One person said, "The staff come every morning and ask if everything is okay and whether you need anything."

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 and their relatives continued to be involved in the planning of the care and support. One relative said, "Communication is really good here. Staff will always let us know of any changes to [family member]."
- Senior staff held conversations with other health professionals, people, and their relatives to plan and discuss people's care as to ensure the service was continuing to meet the needs of people. A health professional told us, "The staff know each person by name and also know their likes and dislikes. "The referrals I receive are always appropriate and any interventions and suggestions are actioned."

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.

- Information for people was available in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.
- People's communication needs were identified, assessed and recorded in their care plans and staff told us how they used body language or signs as a means to know if non-verbal people might need support.

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

- People told us they enjoyed lots of activities at Aliwal Manor care Home. Comments from people and relatives included, "Staff seem to put a lot of activities on here. [Family member] likes the banjo man and any music acts that come. It is difficult for them to do too much but staff do try to get them to do things. Staff said they were making Christmas decorations the other day." "There is enough to do here. I like to do my knitting and watch TV. There is a cat that comes in the garden and he is good to watch. I enjoy the bingo and the singers that come."
- Some activities were spontaneous, responding to people's individual needs. Festivals such as Easter, Christmas and Halloween were celebrated, which helped orientate people to the time of year
- An area near to the main entrance has been set up for activities, this has encouraged people to mobilise and socialise. We saw several people using this space, chatting, joking and playing games. One person told us, "I like to get involved in any of the activities. We have a laugh and a good catch up and chat."
- People were encouraged to play an active role in the service, for example, laying the tables. Staff accompanied them on shopping trips if requested. There were also frequent visitors to Aliwal Manor including the church, college and local choirs.

- The PIR stated that some people had attended 'The Dementia friendly matinee showings at a theatre in Peterborough and there are plans for more trips to be arranged.

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised.
- People and their relatives told us they felt able to talk to the registered manager at any time and were confident their concerns would be addressed. One relative said, "I haven't had to make any complaints, but I would speak to any of the senior staff if I was concerned about anything."

End of life care and support

- The staff continued to support people and their relatives both in planning for and at the end of the person's life.
- The staff team ensured that people's wishes were fulfilled at the end of their lives. They were skilled at supporting people and their relatives to discuss what they wanted to happen. They recorded the fullest possible details about the person's and their relative's wishes and how those wishes would be met.
- The home's ethos was that people should be able to die in their home if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen if at all possible.
- The registered manager told us that end of life decisions were discussed "from the offset" when the person moved into the service and were planning the rest of their care. Staff listened to and recorded what the person wanted and what the person wanted to tell them about the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had a very good relationship with the registered manager and staff team. A relative said, "I often see the Manager around the home. She is very friendly and approachable"
- The registered manager and staff encouraged feedback and acted on it to improve the service. For example, by holding regular meetings with people and undertaking regular reviews with people about their care and support needs. A relative said, "I think it is a very special place and it is hard to find fault with anything"
- Staff also told us that they felt very supported and listened to by the registered manager. A staff member said, "I love it here and we get good support from the management team. We work well as a team and I think we support each other well."
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to. One relative told us, "I have told staff to book a room for me when I need it!"

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 registered manager and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from it to reduce the risk of recurrence.

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

- The service was well-run. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles. ● Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.
- The registered manager was highly visible working alongside staff and observing their practice. One member of staff told us, "The registered manager is always available, and you can have a laugh with them. They often walk around the home."
- Staff told us they were well supported. There were regular staff meetings which provided a forum for discussion. They were encouraged to continue their professional development, undertaking further vocational qualifications. One member of staff told us, "The registered manager and the deputy are both

excellent. Very approachable and willing to help."

Continuous learning and improving care

- There was organisational oversight of the service.
- Audits were carried out to monitor the quality of the service provided. Any improvements needed were documented and either completed or being worked on.

Working in partnership with others

- Very positive feedback was received by the service from visiting representatives from key organisations worked with. Feedback included, 'Even though I would not like my family to ever reside in a care home if I had to choose then Aliwal would be on the top of my list. Staff are always welcoming, well prepared and jovial and this resonates to the residents and for myself as a health care professional. I have found the staff to excel in palliative care.'