Alpine Lodge RCH Limited

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Inspection report

Alpine Road
Torquay
Devon
TQ1 1RB

Tel: 01803295514

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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

The inspection took place on 6 May 2017 and was unannounced.

Alpine Lodge is a residential home providing care, rehabilitation and support for up to 20 people with mental health needs. Some people are detained under the Mental Health Act and are under supervision in the community.

At this inspection there were 15 people living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of the inspection staff were relaxed, and there was a calm, quiet atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People were comfortable with staff supporting them and we observed positive interactions. Care records were in date, personalised and gave people control over aspects of their lives. Staff responded quickly when they noted changes to people's mental or physical well-being contacting the appropriate health professionals for example people's mental health nurses. People or where appropriate those who mattered to them, were involved in discussing people's care needs and how they would like to be supported. People's preferences for care and treatment were identified and respected.

Staff exhibited a kind and compassionate attitude towards people. Positive, caring relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted and encouraged to live full and active lives. Staff were thoughtful in finding ways to overcome obstacles that restricted people's independence.

People had their medicines managed safely. People received their medicines as prescribed, received them

on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, mental health nurses, social workers, occupational therapists and physiotherapists.

People we observed were safe. The environment was uncluttered and clear for people to move freely around the home. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. The service followed the processes which were in place which protected people's human rights and liberty.

People were supported by a staff team that had received a comprehensive induction programme, training for mental health conditions and ongoing support from the registered manager.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints.
No written complaints had been made to the service in the past twelve months.

People and described the management to be supportive and approachable. Staff talked positively about their jobs. The registered manager was supported by a deputy manager and the provider.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed from trends. Learning from incidents and concerns raised was used to help drive improvements. Inspection feedback was listened to which further enhanced the quality of care.

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 remains Good.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-Led.	**Good**

Alpine Lodge RCH Limited

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 was planned to check 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.

The inspection was undertaken by one inspector. The inspection took place on the 6 May 2017.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the inspection.

During the inspection we spoke with the registered manager and the other staff member on duty. We spoke with eight people at the service.

We looked at two records related to people's individual care needs and discussed the care and support other people at the service received. These included support plans and risk assessments. We also looked at records related to the administration of medicine, training records and discussed staff recruitment processes with the registered manager. We reviewed the quality assurances processes in place at the service and feedback people had provided.

Following the inspection we requested feedback from 11 health and social care professionals. A mental health nurse provided feedback. We also left details for other staff to contact us if they wished as the inspection occurred over a week-end. No staff made further contact.

Good

Is the service safe?

Our findings

The service remained safe.

People were kept safe by staff who understood what keeping safe meant and how to support people to remain safe at Alpine Lodge and within the community. Staff we spoke with were aware of people's vulnerabilities, they told us they closely observed people and monitored for signs of financial exploitation and bullying and harassment within the service. Staff had completed safeguarding training and were clear on the internal and external reporting procedures. People we spoke with confirmed they were safe and well treated, "Yes, I feel safe here; if anyone was unkind I'd tell the staff; everyone is kind though."

People had their own bank accounts or were supported with their finances through the Court of Protection. The service also helped people to manage their money if they wished. People told us this helped them manage money for tobacco and outings. Safe procedures were in place to ensure incoming and outgoing money was recorded.

People were supported by suitable staff. Robust recruitment practices were in place and the registered manager advised checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by sufficient numbers of staff to keep them safe. The registered manager regularly reviewed the staffing levels, so that people received reliable and consistent care, and to help ensure staff could be flexible around people's needs, appointments and activities. During this inspection there was sickness. We were advised agency staff were not used and the registered manager was working to support people's needs with another staff member. We were told that during the week staffing levels were higher. Staff undertook the cooking and cleaning encouraging people to support these activities to develop and maintain their skills for living independently.

People were supported by staff who understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. Staff ensured the environment was safe to enable people's safety, for example many people smoked. Furnishings were fire retardant. We spoke to the registered manager about risk assessing potential ligature points within the home which might have the potential to harm. They agreed to action this following the inspection.

Risk assessments highlighted where people were at risk of behaviours due to their mental health needs. Staff knew the plans in place for each person to mitigate these risks and when to involve people's health and social care professionals. For example staff were aware of those who might have verbal outbursts when unsettled and who could be aggressive. Staff were conscious of the risks of substance misuse and took action when this affected people's and staff safety. Staff knew potential triggers and were skilled at de-escalation and distraction skills. Where people's health had deteriorated and they were at risk of falls the service were proactive and considered equipment such as walking aids to reduce the likelihood of falls. Staff

worked with people to advise and educate if there were risks with relationships they had developed and discussions were held with people regarding safe sex if required.

Tailored support plans were in place to keep people safe. Many people came and went as they chose but some people were detained under the Mental Health Act 1983, this meant the service were required to work with certain restrictions in order to ensure people and others' remained safe. Staff had processes in place in the event a person did not return within a specified time frame.

The equipment in the service was well maintained. Regular, weekly fire alarm checks took place. People had personal evacuation plans in place in the event of an emergency. Information about people which might be required in an emergency was kept by the manager. Staff had received fire training in August 2016 which included fire prevention, escape and the fire drill procedure.

All areas of the home were clean. Staff had regular cleaning duties and checks confirmed these were undertaken. Although people were encouraged to keep their own rooms clean, staff supported them when they found this difficult.

Medicines were administered consistently and safely. No one was on medication without their knowledge (covert). Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MAR) and, we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. The management team and staff confirmed they had a good relationship with their local pharmacy for any advice or support they required. If people wished to be more independent with their medicines; they were prompted and supported by staff to achieve this in a safe way, at their pace. Staff knew those people who were on medicines which required special monitoring and knew potential side effects to be aware of. For example, one person had stopped a medication whilst away with family. The service reported this to mental health professionals promptly so it could be re commenced in a safe way.

Good

Is the service effective?

Our findings

The service continued to provide effective care which met people's complex needs.

People were supported by well trained staff who met their health and social care needs. The provider (Alpine Lodge RCH Limited) had an essential training programme which staff were required to complete. Additional training was provided for staff by to enable them to support people's complex mental health needs. The registered manager closely monitored staff training to ensure it remained in date. Staff had undertaken training in subjects such as "Mental Health Matters" and "Coping with Aggression." The registered manager advised they often used the internet for additional information for example new street drugs people might use.

Staff received a thorough induction programme, which included shadowing experienced staff when they started with the provider. The registered manager monitored staff progress through regular supervision and one to one meetings to ensure they were confident in their role. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings.

Formal and informal supervision took place to support good practice and support staff. The registered manager observed care and interactions regularly and was quick to discuss any shortfalls with staff promptly.

Most people had capacity to make their own decisions at Alpine Lodge. Staff involved people in their care decisions. When people's mental health deteriorated and affected their capacity to make decisions staff contacted health care professionals in order for an assessment under the Mental Capacity Act or Mental Health Act 1983.

The Mental Capacity Act (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. Staff displayed an understanding of the requirements of the act, which had been followed in practice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
The management team understood the processes they were required to follow if required. No one had a DoLS authorisation at Alpine Lodge.

People where appropriate, were supported to have sufficient amounts to eat and drink. People told us the

food was good and there were choices available if people didn't like the main meal. Although staff encouraged people to join in with cooking to develop their culinary skills if they wished, staff did the majority of the cooking. The medication some people were prescribed could make them prone to weight gain. Staff educated and prompted people to follow healthy diets where this was needed, understanding some people chose otherwise. Those at risk of weight loss had their weight monitored and staff liaised with dieticians to support people to maintain their weight. Food satisfaction surveys indicated the food was enjoyed by people at Alpine Lodge.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted. People told us they had seen their doctor when physically unwell and people told us they had contact with mental health nurses. The service supported people to attend appointments if this was required, but as part of people's recovery they were encouraged, if possible, to attend independently. One person told us, "They help me with appointments to the doctor and take me for blood test appointments."

Good

Is the service caring?

Our findings

The service remained caring.

People were well cared for by staff that had a caring attitude and treated them with kindness. People told us, "I do like living here, I get on with staff, they help me"; "They let me know when I need a shower and need to change my clothes – I don't like showers"; "I like it here, the staff are nice and compliant." Another person said, "Staff are caring; they help us do breakfast, check how we are doing, remembered my birthday." A mental health nurse told us, "I have always found the staff to be caring, friendly and work well with a difficult group of clients. They appear to respond to client's needs. The clients who I have dealings with have always appeared happy and content with their care."

Equality and diversity was understood and people's strengths and abilities valued. People who lived at Alpine Lodge had a variety of different backgrounds, experiences and health needs. Staff worked with people in a non-judgmental manner, with respect and with great understanding of their complexities.

Staff had genuine concern for people's wellbeing, they worked together to ensure people received good outcomes and had the best quality of life possible. Staff commented that they cared about the support they gave, and explained the importance of adopting a caring approach and making people feel they mattered. Staff spoke of people with fondness wanting them to receive care like one of their family members.

Staff took time to get to know people by reading their care records, talking to their family, health and social care professionals and discussing people with the team. Therapeutic relationships with people were fostered because staff invested time in people. They nurtured and paid attention to people so they were cared for. Staff knew people's particular mannerisms which might mean they were distressed, anxious or unwell because they knew them. They took prompt action to address what might be causing someone's anxiety for example by providing one to one time with people.

People's privacy and dignity were respected; people were encouraged to be as independent as possible. People told us staff knocked on their doors and they were able to lock their rooms. People's confidential information was kept securely. People told us, "They knock on your door and I can lock my room."

People's independence was valued and encouraged. Staff encouraged people to develop and maintain skills to enhance their abilities to self-care. For example some people did their own tidying of their bedroom, others were gaining confidence using public transport and some had found non paid work. This helped people's confidence and self-esteem.

People were proactively supported to express their views as far as possible. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions. Once decisions had been made, staff acted upon them to help ensure people's views were listened too and respected.

Advocacy support services were available for people if needed, for example when considering moving on to

different services. Staff at the service also advocated for people ensuring their views and wishes were listened too.

A few people attended the local church organisations. One person told us their spiritual needs were met and they were linked into the Christian groups in the area.

Good

Is the service responsive?

Our findings

The service remained responsive.

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were supported to move to Alpine Lodge at a pace which was right for them.

People and health professionals where possible, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. For example staff had noted when people needed more structure or activity in their lives and encouraged people to try new things.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. For example, those who preferred staff not to go in their room were known. Preferences were respected regarding what time they liked to wake and we saw people being able to enjoy a late cooked breakfast late morning during the inspection. People were encouraged by to retire to their room at 10.30pm to help them maintain a good sleep pattern. Those who still wished to use communal areas or go outside for a smoke were able to.

People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. Review plans were then put into practice by staff and regularly monitored. Regular staff handovers and staff discussions shared important changes to people's care. This meant staff knew what had changed and how to support people as they required.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who mattered to them. People were supported to see their family and some had made friendships in the service. People were encouraged to maintain hobbies and interests but many people had symptoms which meant they lacked motivation to see plans through. Staff told us they were constantly considering new ideas for people dependent upon their interests. Some people told us about their voluntary work. A few people said they'd like more 1:1 time and it was boring. They explained they didn't have much money to do things. We fed this back to the registered manager who told us often people would say they wanted to do things but when the time came they struggled with the motivation to do the activity. One person said, "I'd like more day trips, outings, trips to coffee shops" and another "I'd like more 1:1 time – conversation." The service had a seven seater vehicle which could be used for trips and a pass to the local zoo. We were told outings did occur, for example trips to the moor.

The service had a policy and procedure in place for dealing with any concerns or complaints. People's behaviour was monitored through observation for any changes which might mean they had concerns. People told us they would feel comfortable talking to staff about any complaints. No complaints had been

received by the service in the past 12 months.

Good

Is the service well-led?

Our findings

The service remained well-led.

People and staff, without exception, all described the registered manager of the service to be approachable. We observed that they knew people well and were happy to work alongside staff with in the service.

The registered manager advised us they were well supported by the provider and in regular contact should they need any support.

There was a positive culture within the service. Alpine Lodge was warm, welcoming and supportive whilst providing clear boundaries to ensure the service was safe for everyone. The registered manager told us, "I observe all the time to ensure there is a positive culture, open and inclusive."

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice.

The registered manager told us they and the staff were continually looking to find ways to enhance the service they provided. Management and staff meetings were held where staff were updated on information within the house such as maintenance, repair and decoration.

The service worked in partnership with key organisations to support care provision particularly mental health services and people's funding authorities. Good working relationships had been fostered with local doctors, the local community mental health teams and social workers.

The registered manager and provider created an open, honest culture. They were aware of what they could and could not do, where improvement was needed and learned from feedback and situations they had experienced. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager and provider inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.