

Complete Care (UK) Ltd

Althorpe Nursing Home

Inspection report

3 Main Street
Althorpe
North Lincolnshire
Tel: 01724 783363

Date of inspection visit: 5 & 6 January
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Ratings

Overall rating for this service

Requires Improvement



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?

Requires Improvement



Overall summary

Althorpe Nursing Home is registered with the Care Quality Commission (CQC) to provide care and nursing care to a maximum of 20 people, some of whom may be living with dementia. It is situated in the centre of Althorpe village; local amenities are within walking distance, for example, local pub, church and village shop. The service also offers day care and respite services.

People's bedrooms are located on the ground and first floors. The first floor is accessed by a passenger lift. There are enough toilets and bathrooms for people to use and these are fitted with aids for the staff to use to help people who have limited mobility. Some of the rooms have en-suite toilet and bathroom facilities.

Communal areas consist of a large lounge and a dining room and the gardens are accessible.

This inspection took place on the 5 and 6 January 2015 and was unannounced. The service was last inspected in January 2014 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection 12 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive their medication as prescribed by their GP. Some medicines had been recorded by the staff as being given when they had not been; one person had not received their medicines for a few days because none were available. This was brought to the attention of the manager on the day of the inspection.

People who used the service were cared for by staff who understood they had a duty to protect people from harm and keep them safe. Staff gave examples of what they may see if someone was being abused and understood how to report this to make sure the person was protected.

People were cared for by staff who had been recruited safely and provided in enough numbers to meet their needs. Staff were provided with information about how to keep people safe and make sure they were not a risk to themselves and others.

People lived in a well maintained, clean environment and people could bring their own furniture with them when they moved in.

People were cared for by staff who had received training and support and who understood their needs. Where people had been identified as needing support with making informed decisions systems were in place which protected the person and made sure decisions made on their behalf were in their best interest.

People were provided with a wholesome and nutritious diet of their choosing. Choices were provided at meal times and staff monitored people's dietary intake and

involved health care professionals when needed. The service catered for people's cultural or chosen diet, for example, providing a vegetarian diet for one person who used the service.

People were supported by staff to keep healthy and to attend health related appointments where needed. They also called people's GPs if they felt unwell and worked closely with the district nursing team.

People were involved with their care and their choices and preferences were recorded; staff understood the importance of respecting these and ensuring people's rights were upheld. People's dignity was respected by the staff. People were cared for by staff who knew them and understood their needs and with whom they had good relationships.

People could access the service's complaint procedure if they felt the need to complain. Complaints were investigated and resolved to the complainant's satisfaction and information was provided about who to contact if the complainant was unhappy with the way their complaint had been investigated.

People were provided with a range of activities to choose from; an activities co-ordinator was employed who made sure people were supported to participate in activities. People who chose to stay in their rooms were engaged as much as possible to make sure they did not become isolated.

People were involved with the running of the service and were consulted about their opinions as to how the service was run. Others who had an interest in the care and welfare of the people who used the service were also consulted, this included relatives and health care professionals. The registered manager undertook regular audits which made sure the service was run safely and people were not exposed to unnecessary risks, however, these audits had not picked up some medicines errors.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all areas of the service were safe.

Some people had not received their medicines as prescribed by their GP.

Staff understood the importance of keeping people safe from harm, and knew what to do if they witnessed or became aware of any abuse.

Staff were provided in enough numbers to meet people's needs and had been recruited safely.

Requires Improvement



Is the service effective?

The service was effective

Staff received training which was relevant to their roles and received support to gain further qualifications and experience.

People who used the service were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff supported people to access health care professionals and to stay healthy.

Good



Is the service caring?

The service was caring

Staff had a good understanding of people's needs and supported people to be as independent as possible.

People were involved with their care and attended reviews.

Good



Is the service responsive?

The service was responsive.

Staff had access to information which described the person and their likes and dislikes.

People's needs were assessed and this was clearly written in their care plans for the staff to refer to.

The provider had a complaints procedure which people who used the service or anyone else could access.

Good



Is the service well-led?

Not all areas of the service were well led.

The monitoring the registered manager undertook did not always identify medicine errors or issues.

People could have a say about how the service was run.

Requires Improvement



Summary of findings

Meetings were held with staff so they could air their views about the service provided.	
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Althorpe Nursing 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 was planned to check whether the registered provider was 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 the 5 and 6 January 2015, it was unannounced and was undertaken by one adult social care inspector. The service was last inspected in January 2014 and was found to be compliant with the regulations inspected at that time.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). The PIR is a document completed by the registered provider about the performance of the service, what the service does well and improvements they plan to make. The local authority

safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge and the dining room. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with seven people who used the service, two relatives and five staff; this included care staff and the cook. We also spoke with the registered manager, the administrative assistant and the deputy.

We looked at four care files which belonged to people who used the service, four staff recruitment and training files and documentation pertaining to the management and running of the service.

Is the service safe?

Our findings

People told us they felt safe at the service, they said, “I do feel safe here, I was worried about coming in but its fine”, “I have never felt safer” and “There are always staff around if you need them.” They also told us they felt there was enough staff on duty, they told us, “You don’t have to wait long if you press your buzzer” and “There seems to be enough staff on duty.” They told us they were happy with the way the staff handled their medicines, comments included “They bring it in a morning at the same time” and “They look after it for me as I can’t see that well anymore.”

Families told us they felt their relative was safe, they said, “Yes I think my mum’s safe here, the staff are very good with her”, “They are safe here there’s always plenty of staff supervising them in the lounge” and “Even when they are just sat talking to them you can tell they are making sure people are safe.”

We found there had been some instances where staff had signed for medicines as being given but it was still in the monitored dosage system. There was also an instance of someone not receiving their medicines for a few days. This meant people had not received their medicines as prescribed which could have an affect their health and wellbeing. These finding were discussed with the registered manager and she assured us she would address the issues with the staff responsible and take the appropriate action. People’s medicines were stored safely and checks were made of the room temperature. Staff had received training about how to safely handle medicines and this was updated annually. Controlled medicines were recorded correctly.

When we spoke with staff they were able to describe the provider’s policies and procedures for reporting any abuse they may become aware of, witness or which was reported to them. They told us they would make sure the person was safe and reassure them, they would then report it to the registered manager. They told us they trusted the registered manager to make the right referrals but knew they could approach the local authority safeguarding teams themselves to make direct referrals if they wished. Staff told us they received training about how to protect people from abuse and what signs to look out for if they suspected people were being abused. They described to us

some of the signs which may indicate people were suffering from abuse; these included low moods, withdrawn, behaviour that challenged the service and bruising.

We looked at records which confirmed staff received regular safeguarding training. This was in the form of modules which tested their knowledge and skills; they had to pass each module to successfully complete the training. Staff understood their responsibility to report any concerns they may have and understood they would be protected by the registered provider’s whistle blowing policy.

The registered manager had undertaken environmental risk assessments to identify any areas which needed attention; the local authority environmental health officer had recently inspected the premises. The registered manager had produced a fire risk assessment for the premises. People’s care plans contained individual evacuation plans which instructed staff in how to evacuate the person safely and took into consideration their individual needs, for example, their level of mobility and understanding.

People’s care plans contained risk assessments which had been undertaken to identify areas of daily living which may pose a risk to the person, for example, falls, tissue viability and nutritional needs, these had been updated when required. The staff monitored people’s falls and consulted with the falls team if the person needed any further support. We saw all falls were recorded in the person’s care plans and any action taken as a result of the fall was followed up, for example, following a visit the local accident and emergency department.

People were cared for by staff who had been provided in enough numbers to meet their needs. We saw during the inspection how staff were discreetly monitoring people in the lounge and made sure people were checked if they stayed in their room. Rotas in place showed how many staff should be on duty. Staff told us they never felt under any pressure and the management supported them to care for people. They confirmed they worked as a team and never struggled to meet people’s needs.

We looked at staff recruitment files and these contained evidence of checks being undertaken prior to staff working at the service. The files contained copies of references taken from previous employers where possible, checks undertaken with the disclosure and barring service (DBS)

Is the service safe?

and an application form which requested information about the applicant's previous experience, qualifications and any gaps in employment. This ensured, as far as possible, people were safe and not exposed to staff who had been barred from working with vulnerable adults.

Is the service effective?

Our findings

People told us they felt the staff had the skills to care for them and meet their needs, comments included, “The girls are really good, they know what they are doing”, “They come and check if I’m ok all the time” and “If I want anything I just have to ask.” People also told us they thought the food was good, comments included, “I really enjoy the food”, “I’m a vegetarian and they make sure I get the right food” and “The quality of the food is marvellous.” They also told us they could see their doctor when they were ill, they said, “They will get the doctor when I ask”, “I wasn’t very well over Christmas and they called the doctor” and “I see the district nurse she visits me.”

Visiting relatives told us they felt the staff were well trained to meet people’s needs, comments included, “They seem to get a lot of training”, “They understand my mum’s needs” and “They are really efficient.” They were also happy with the way the service met their relatives health needs, comments included “They will call the GP out if my mum needs him; they’re really good like that.”

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, this included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example dementia and how to support people who displayed behaviours which challenged the service. Induction training was provided for any new staff, their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal; we saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice, they also

told us they found the deputy manager very approachable and supportive. The staff’s annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. People’s care plans contained evidence of their involvement with their care and giving consent to care and treatment where possible. Those people who needed support with providing consent or found making an informed decision difficult had been identified through a process of assessment and the person who acted on their behalf had been recorded.

The deputy manager displayed a thorough understanding of the process of DoLS application and why this needed to be done. Other staff we spoke with also displayed a good understanding of the Mental Capacity Act (MCA) and the use of DoLS, we saw from records kept they had received training and this was on-going. The registered manager was reminded of the need to notify the CQC of the outcomes of applications made for a DoLS.

People were provided with a wholesome and nutritional diet which was of their choosing. People’s care plans contained information about their likes and dislikes and any specialist diets they may require. The care plans detailed what support the person needed to maintain a healthy diet, for example, if they needed a pureed diet or support to eat their meals. The cook was knowledgeable about people’s diets and told us they asked people what they would like to eat for lunch daily but also offered a choice if they changed their minds. Staff monitored people’s fluid and food intake and made referrals to dieticians when required, this was recorded in people’s care plans. We observed the lunch time meal and saw this was a relaxed occasion with staff supporting people in a sensitive and discreet manner, for example, sitting next to people to assist them to eat their meals. Hot and cold drinks were offered to people through the day, fresh fruit was also offered.

During the inspection we spoke with a visiting district nurse who supports some of the people who used the service; they were complimentary about the staff’s knowledge and skills, they told us they felt the staff had the right approach and followed their instructions well. Staff told us they monitored people’s wellbeing on a daily basis and called the GP when they felt they needed to. People’s care plans

Is the service effective?

showed us staff made daily recordings of their wellbeing and took the appropriate action when required, for

example calling the person's GP if they felt unwell. The care plans contained information about the involvement of health care professionals and details of hospital appointments and the outcome of these.

Is the service caring?

Our findings

People who used the service told us they thought the staff were caring and met their needs, comments included, “The staff are so kind to me, they help me a lot”, “They always come when I press the buzzer, they’re really good” and “They help me get dressed in morning.”

Visiting relatives told us, “The staff are kind to my mum, they seem to understand what she needs”, “I think the staff are really caring they have a lot of patience” and “Staff are caring they look after both of them really well.”

We heard and saw staff had good relationships with the people who used the service. They responded to people’s requests for help promptly and professionally. We saw staff taking time to talk to people, asking them if they had enjoyed Christmas and about their wellbeing. When we spoke with staff they understood people’s needs and could describe how to best meet these, they also told us how they would respect people’s dignity and privacy. We saw and heard staff knocking on people’s doors and waiting to be invited in; while we were being shown around the service the member of staff was asking people if it was ok to show us in to meet them and view their room. They told us they would uphold people’s dignity by covering them whilst undertaking personal care and ensuring they had closed their doors and curtains at night.

Staff told us they tried where possible to maintain people’s independence and supported people to do as much as possible for themselves. We saw examples of this around the service as staff were supporting people to walk to the toilet and to their rooms and whilst supporting people to eat. Staff understood the importance of respecting people’s human rights and told us they supported people to lead a life style of their own choosing. For example, they respected people’s religious and cultural wishes and made

sure people had access to their preferred method of worship. Staff told us they would never judge anyone and treated everyone as an individual respecting their wishes and choices.

A section of the person’s care plan contained information which showed us the person or their representative had been involved with its formulation; the person or their representative had signed the care plan to agree its contents and the care which was to be provided. We saw staff asking people if they had understood what they been asked to do during care tasks, for example, when staff used a hoist to assist someone to stand they explained what they were doing and what would happen. They gave the person time to understand the information and to confirm their understanding and if they agreed to the task being undertaken. This showed us the staff were aware of the diverse needs people had and how to best support them.

The registered manager told us they had used an advocacy service in the past for one person who had been admitted who had no relatives; this person was now under the protection of the local authority. A representative from the placing authority who was visiting the service confirmed their awareness that advocates had been used in the past by the registered manager.

The registered provider had policies and procedures in place which informed the staff of the importance of keeping people’s information confidential. This was also part of the registered provider’s induction training for new staff. Staff told us they understood the importance of keeping people’s information confidential. All information pertaining to people’s needs was locked in a cabinet and staff only accessed this when required. These records were stored in separate files so staff could access information quickly and only needed to access relevant information at any one time.

Is the service responsive?

Our findings

People told us they knew they could complain and who they would talk to, comments included, “I would see the staff”, “Yes I do know who I could complain to, but I don’t really have any” and “I would see the manager.” They told us there were plenty of activities for them to join in with, they said, “I do lots of activities and they take me out as well”, “They make sure I’m kept busy” and “I can join in if I want to, they come and ask me.” People also told us they could lead a lifestyle of their own choosing, they said, “I can get up when I like”, “I can go to my room for lie down” and “Yes I can come and go as I please.”

Visiting families told us the registered manager informed them if anything happened to their relatives, comments included, “We have meetings about mum and dad’s care and they tell us what has been happening”, “We had a meeting not so long back about mum and how she was doing” and “I come most days and they tell me what’s been happening and how he is.”

Care plans we looked at contained information about the person and their likes and dislikes, they also contained information about how the person’s needs were to be met by the staff. Assessments had been done prior to the person moving into the service to ensure their needs could be met by the placing authority. From these assessments a care plan had been developed. The care plans were updated and reviewed regularly and changes made where required, for example, following a stay in hospital or deterioration in the person’s needs. Assessments had been undertaken about aspects of daily living which might pose a risk to people, for example poor mobility, tissue viability and behaviours which might put the person or others at risk. These instructed the staff in what to monitor and what action to take to keep the person safe.

The service employed a full time activities co-ordinator. When we spoke with the activities co-ordinator they told us they planned activities for people to join in with on daily basis, this included, board games, reminiscence sessions,

exercise sessions or talking individually with people and looking at photographs. They told us they were provided with enough resources to make sure people were occupied during the day and could pursue individual hobbies and interests, for example, they had supported people to make calendars to send to their relatives and friends. They were aware of the importance of engaging with people who spent time in their rooms and had ensured they had been offered the opportunity to participate in activities as well. They were also aware of the importance of engaging with those people who lived with dementia and understood the need to provide them with activities which they could do and for the length of time they chose. They told us they never forced anyone to participate in activities if they did not want to but always gave people the option. The activities undertaken with people were recorded on a daily basis in their care plans, these ranged from crafts to listening to their favourite music in their rooms. People were also supported to attend activities outside of the service and went to a weekly coffee morning at the local church.

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and provided to people as part of the service user guide. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people’s needs, for example, another language. They told us they would read and explain the procedure to those people who had difficulty understanding it. The registered manager told us they received very few official complaints, however, there was a system of recording these which included what the complaint was, how it was investigated and whether the complainant was satisfied with the investigation. Information was provided to the complainant about who they could contact if they were not happy with the way the investigation had been carried out by the service; this included the local authority and the Ombudsman.

Is the service well-led?

Our findings

People we spoke with told us they could approach the registered manager or speak to the staff if they wanted to voice any opinions about the service they received. They told us, “We see the manager everyday she comes around to see if we are ok and if we need anything”, “The staff ask me if I want anything” and “They asked me if I was happy to live here when I first moved in.”

Visitors told us they could approach the manager and staff if they needed anything. They said, “The manager is very good she has given me some good advice”, “If we need to discuss anything we can always see the manager or the staff, they make sure she gets to know” and “We have been asked what we think about the home in the past.”

The registered manager showed us records which indicated they undertook regular audits of the service provided. These included audits of people’s care plans, the environment, medicines, health and safety, staff training and staff recruitment. However, we found that some medicines had not been administered and recorded correctly and one person had been without their medicines for a few days.

The registered manager was supported by an administrative assistant, a deputy manager and senior staff. Staff told us they found the management team approachable, they told us they could see the registered manager anytime and ask for clarification and advice. They told us the management team showed good leadership and were always there when they needed them; they found the deputy manager was on hand also if needed during the day. The management style was inclusive and we saw staff discussing aspects of the care provided with the registered

manager during the inspection; the management team appeared knowledgeable and supportive of the staff. Staff told us they had regular staff meeting where the registered manager provided them with up to date information on aspects of the service and good practice guidelines, for example infection control and dementia. We spoke with the placing authority and they told us they had a good relationship with the management team and found them supportive and approachable.

The registered manager told us they consulted with the people who used the service and asked them if they had any suggestions for improvements. They showed us examples of surveys which had been used to gain the views of people who used the service, their relatives, staff and visiting health care professionals. This information was collated and areas for improvement identified. Information was published in a report which provided an action plan with time scales to address any shortfalls in the service or areas for improvement. There had been a recent survey undertaken asking people’s opinions about the meal times and whether these might be changed. The registered manager undertook audits of the environment and made sure equipment used was serviced and maintained as per the manufacturer’s recommendations. The fire alarm system was checked regularly and all fire fighting equipment maintained and serviced.

As part of the registered managers on-going improvement to the service the environment was undergoing an on-going refurbishment programme with the first floor bedrooms being the first to be redecorated and refurbished. The registered manager told us the people who used the service had been involved with discussions about the choice of wall paper for the lounge and their rooms.