

HC-One Oval Limited

Altham Court Care Home

Inspection report

Altham Terrace
Lincoln
Lincolnshire
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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Altham Court Care Home is a care home providing personal and nursing care to 48 people for people aged 65 and over. Altham Court Care Home is located in Lincoln.

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

Although people and relatives felt the service was safe, we found concerns with the reporting of low level safeguarding issues. However, accidents and incidents were monitored and recorded appropriately. Where staff were administering medicines, they were administered and stored safely. However, where people administered their own medicines, these were not always stored safely. Risks to people's safety had been assessed and we saw examples of people being supported to take positive risks. The processes in place ensured people were protected from infection. Agency staff were used to cover shortfalls on the rota, however, occasionally safe staffing levels were not met. People were supported by staff, the provider carried out pre-employment checks for staff. Where there were volunteers providing an activity for people, in the service appropriate checks had not been carried out.

We recommend that where volunteers are used to provide activities in the service, appropriate checks are carried out by the provider.

People's capacity had been assessed where it was thought people lacked capacity to make a specific decision. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service promoted this. People's nutrition needs were supported. People's needs were assessed, and people were involved in their care planning. The premises were fit for purpose and had an accessible garden. Staff received on going training to support them in their role. People had access to health care services, however this was not always managed in a timely way.

Staff did not always speak about people with dignity and people's choices were not always respected. However, some staff interacted positively with people. People told us staff worked to maintain their privacy.

People's care and support had been planned in a person centred way, however there was a lack of personalised activities in the service. Records showed formal complaints had been recorded and action taken, however, re-occurring concerns and actions taken had not been recorded. People communicated using a variety of different methods and they were supported to follow their chosen faith. People received meaningful end of life care from staff who were passionate about providing this care to the people they supported.

The registered manager had quality monitoring systems in place to monitor the standards of care. However, actions identified had not always been signed off as complete. People who used the service had limited

access in to the community. There was not always a positive culture from people in relation to leadership in the service. The organisational values had not been fully embedded in to the service. There was a lack of clarity, at times, for staff roles however, staff felt supported by the registered manager. The service had positive relationships in the community. Staff felt empowered by to develop with the organisation.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Altham Court 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

The inspection team was made up of one inspector, one inspection manager and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Altham Court 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with twelve people who used the service and eleven relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, assistant manager, a nurse, nursing assistants, care workers, the activities co-ordinator and the administrator.

We reviewed a range of records. This included four people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed also.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two further members of staff, the area director and the registered manager.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Systems and processes were not always followed to protect people from potential abuse.
- Where there had been a medication error, this had been reported internally through an incident log, however, we found no evidence that this had been referred to safeguarding as a low-level concern. Following the inspection, the provider immediately put a low-level safeguarding log in place, to ensure that all safeguarding concerns were captured and reported appropriately.
- Staff had received safeguarding training and were aware of their responsibilities to keep people safe.
- People and relatives told us they felt the service was safe. One person said "Yes, I feel safe here." One relative told us, "Overall, it's a safe place."
- Accidents and incidents which affected people who used the service were recorded and monitored through an online system. Reports were generated monthly to enable the registered manager to see trends and themes. We reviewed this and found action had been taken following accidents and incidents.
- Where people had fallen more than once and were at high risk of falls, sensor equipment was used to prevent further falls. This meant when people got up, staff were alerted so they were able to attend to support the person in a timely manner.

Assessing risk, safety monitoring and management

- People were supported to take positive risks. These risks had been identified and assessed to reduce harm for people. However, we observed one person's thickening powder was left out in their room. This meant that people were exposed to a potential choke risk. We raised this with the area director, who took immediate action.
- People's mobility had been assessed and a detailed support plan was in place to ensure staff knew how to support people safely. Where people required equipment to help them mobilise, such as a hoist, assessments were carried out to identify which pieces of equipment were needed and how staff used them for everyone.
- The service had risk assessments for the environment and equipment being used. For example, equipment had regular checks and there was a service contract in place to ensure this was fit for purpose.

Staffing and recruitment

- People were supported by enough members of staff and the provider had carried out a range of checks before any new staff started work in the home. They did this, so they could make sure their employees were suitable and safe to work with people who lived in the home. We reviewed two staff files which confirmed this.

- However, where there were volunteers providing an activity to people, in the service, the registered provider had not carried out appropriate checks.

We recommend that where volunteers are used to provide activities in the service, appropriate checks are carried out by the registered provider.

- Whilst some people, staff and relatives felt there were enough staff, others, did not. One member of staff said, "The last six weeks have been hard, we have been short staffed." We discussed this with the registered manager who told us the registered provider monitored the dependency of people to calculate safe staffing levels. The service had several vacancies which they were recruiting to. Shortfalls on the rota were covered using agency staff.

- We reviewed staff rota's which showed occasionally the required staffing level was not met.

Using medicines safely

- Peoples medicines were managed safely when administered by trained staff who had a good understanding of medicine they were administering.

- However, where people took their medicine themselves, we observed one person's medicines were left on their bedside table. We discussed this with the deputy manager who told us this wasn't usual practice and medicine is locked away in the persons bedside cabinet until administration.

- People who required medicines on an 'as needed' basis had protocols in place to give staff guidance on when and why the person may need them.

- People who had on going health conditions had regular monitoring. People who lived with Diabetes and required a medicine to lower their blood sugar by injection, were supported to have their blood sugars taken daily.

Preventing and controlling infection

- People were protected from the risks of infection as staff had appropriate training. We saw good practices and staff had access to personal protective equipment.

- Overall, the service was mostly clean and tidy, however, one relative showed us cloths with debris on from their relatives' room, they had just wiped round. Records showed this person had been unwell and their room had not been cleaned during this time. We discussed this with the staff and a deep clean was scheduled.

- The service had a cleaning schedules which had been completed by the housekeeping staff. This included people's rooms and communal areas.

- Soap dispensers were fitted in the service where it was accessible to people and visitors.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People's needs were assessed in line with current standards before admission in to the service and guidance in line with these standards were followed.
- The individual information following assessments assisted the staff to create care and support plans for people. This included people's preferences, hobbies and interests, abilities and where people required support from staff.
- People were supported in line with their care and support plan. Some people were assessed to have swallowing difficulties, some were prescribed a modified diet which meant their food was prepared to be a different texture. This reduces the risk of people choking. One person was prescribed a modified textured diet and was able to eat from a tea spoon with staff assistance. We observed this during inspection.
- Some people were able to be involved with their care planning and where this was possible, people had agreed to the care and support detailed and had signed their care plans. Other people had given staff verbal agreement, and this was documented.

Staff support: induction, training, skills and experience

- Staff received appropriate training and induction on commencing employment in the service to enable them to support people appropriately. Staff received a three-month induction when commencing employment, which consisted of online training, face to face training, shadow shifts, observational competencies and review meetings.
- Staff received on-going training and were able to obtain qualifications to up skill them in their roles.
- Development opportunities were available to staff. For example, there were two nursing assistants, both who had started employment in senior carer assistant roles.

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

- People were supported to manage their nutritional needs.
- People had fluids accessible throughout the day, where necessary staff supported people to access drinks.

They had a choice of meals and were able to give their feedback about the meals. This was done by a feedback form; which staff took to people to complete. The form was then reviewed, and actions were taken by the head chef. Most people gave positive feedback about the food. One person told us "It's nice, all the soups are gorgeous. For breakfast I had porridge today its was perfect."

- Some people were unable to have food and drink orally and required specialist equipment which involved a tube which is directly in to their stomach. Trained staff supported people who used this specialist

equipment to maintain their nutrition and hydration in line with their support plan and regime.

- The service supported people with on-going health conditions such as Diabetes, where they may require a low sugar diet. The service had alternative menu choices to support people's dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership local health care providers to enable people to have access on going health care support. However, this was not always effective as, on occasions, health care providers had been contacted for a visit to a person and there was a delay. These visits had not been pro-actively followed up for timely care.
- However, the service an optician who visited people. The registered provider had a new preferred optician, and people were consulted about this change. Some people said they did not want to use the new optician and wanted to be visited by the existing one. The registered manager supported people's decision and enabled them to remain under the care of their preferred optician.
- Some people had access to a dentist in the local community and we saw records that people had received treatment. The registered manager told us that they were trying to locate a dentist who would visit the service for people who were unable to access the community.
- In individuals care plans, there was information sheets about any specific health conditions relating to them. This enabled staff to easily locate information to understand the person's condition.

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

- The premises were fit for purpose and it was accessible for people who lived with a variety of care needs. People were able to access all areas of the service freely as the corridors were wide and were free from hazards.
- People had access to outdoor space and secure gardens. These garden areas had been adapted, and the registered provider had raised flower beds so that people could use this facility as part of an activity or hobby. One person told us, "I am a keen gardener and miss it physically, but I am still able to do it. I am leading on a project to rejuvenate the garden."
- The registered provider had recognised that some parts of the premises required refurbishment and had begun planning to upgrade the porch area of the service.
- People were able to personalise their rooms. One person had chosen to decorate their room with items from a particular interest they had. Each bedroom had a door knocker and a number on it. This meant people were able to have the sense of being at home.

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. We found they were.

- People's mental capacity had been assessed.
- Where people lacked capacity best interest meetings had taken place to support people with specific decisions, such as, for staff to support them to reposition themselves regularly to prevent skin damage.

- DoLS application had been made to the local authority where needed.
- Advocacy services were available where people did not have a legal representative and required support to make their own decisions. The registered manager had accessed these services to support people with decision making and were currently using them at the time of inspection.

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 has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were not always treated in a respectful and dignified way.
- During an observation at lunch time, we found some people were waiting up to 40 minutes for their meal, whilst other people on their table had already been served. This meant some people were only just starting their meal when others had finished it.
- In the dining room, one member of staff spoke loudly to other staff using language which did not portray the people they supported in a respectful way.
- Some peoples choices were not always respected. One person was sitting in the lounge and was offered a cup of tea. They asked for sugar, but a member of staff told them "You don't have sugar." The person then declined to drink their tea and the offer of cake.
- While some people felt able to express their views and raise a concern with staff, others felt they weren't always able to. One person told us "I won't do that, I don't want to be treated differently." We discussed this the registered manager and the area director who held a staff meeting following the inspection to address this concern.
- Some staff responded quickly to people who needed support. For example, one person needed support to cut up their food. A member of staff spoke quietly and said, "Would you like me to help you with that?" The person agreed for the member of staff to help.
- People felt that the non-care staff supported them well. One person said, "The caretaker is fantastic. Whatever you need doing he says I'll be right back and always comes."
- There was a notice board for people to view which had information on developments in the service and meetings for people who used the service. There were resident meetings once a month. Minutes from the previous meeting were displayed on the notice board for people to access.
- People and relatives took part in an annual survey where they were able to express their views about their care and the service. We saw action plans following these surveys to show that people's views had been considered.
- One staff member was supporting a person to eat their meal at lunch time and did this in a caring way. The member of staff supported the person to wear a clothes protector and did this with dignity and kindness. The member of staff spoke with the person throughout their meal ensuring they were okay.
- People told us they felt the staff respected their privacy and one person told us "Yes, if somebody's at the door you shout come in, oh yes they always knock."

- One relative told us how the staff have helped her loved one and said "I've never got any problems, they're always approachable. When [Relative] first came here out of hospital she couldn't eat or walk herself. We got her mobile again with a frame, the staff and family, it was a joint effort."
- One person told us "I miss my independence and freedom of being at home. Having said that it's a nice place and they try their hardest to make you comfortable and to feel at home and I also have a choice."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- There was a lack of personalised activities in place to support people. Although there was an activity plan in place which was displayed in the service and given to people, these activities were not planned using people's hobbies and interests. The plan had re-occurring activities such as; bingo, coffee morning and crafts.
- The activity plan had sections on stating 'Please help yourself to games out of the cupboard' and 'Please feel free to use our library'. Whilst some people were able to do this, other people were cared for in bed. This meant they were unable to do this without support from staff. There were no alternatives for people who required one to one activity.
- People, relatives and staff told us there was a lack of activities in the service. One relative told us "Activities are non-existent." One person told us "There is not a lot to do here. A lady volunteers on a Sunday to do coffee morning, I like that."
- The service was recruiting a well-being co-ordinator at the time of inspection. The registered provider had recently launched a new activity programme to be implemented in the service, which had the focus of 'the mind, body and soul'. The provider told us this would mean people would have a variety of activities to choose from each day in the future.
- Staff supported people to maintain relationships with their family and friends, and people were to see their loved ones any time of the day. Relatives were involved in their family member's lives, and some relatives regularly visited the service and joined in activities.

Improving care quality in response to complaints or concerns

- Formal complaints were managed well and had been investigated with a follow up in writing. However, relatives and people's concerns were not always documented. Following inspection, the area director told us that a concerns record had been implemented to record informal concerns and actions would be taken to address concerns.
- Where relatives had raised complaints, these had been actioned and followed up by the registered provider. However, some relatives felt re-occurring concerns were not fully resolved.
- The registered provider has implemented a complaint procedure called 'A complaint is a gift'. People were able to email their complaints or put them in writing. For people who used the service there were cards in areas of the home, they could fill out. Staff supported people where they were unable to complete these independently. In the reception area of the service there was an electronic feedback system where both positive feedback and concerns could be raised over a twenty-four-hour period. The feedback, which was received every weekend were printed and the registered manager had arranged meetings with staff and acted upon these concerns.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned in a person-centred way. However, some staff felt they were unable to meet people's personalised needs.
- One staff member said "I don't feel as though there are enough staff. I would love to have enough staff to give everybody the same level of care." Some care records we reviewed did have missing entries. We discussed this with the registered manager and this had already been addressed with staff.
- People were supported to follow their chosen faith. One person, before admission to the service, prayed using candles at home. Due to safety for the person and others, the staff had supported the person to have an electric oil burner to pray with. This meant the person continued to follow their chosen faith in their preferred way. Another person we spoke with told us staff had arranged visits from their religious leader each month.
- One person supported the registered manager with recruitment. The person attended interviews for potential staff and asked them questions of their choice. This meant that the person was involved in deciding which staff they wanted to support them in the future.

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.

- The service was meeting the Accessible Information Standard by providing people different ways they can receive information.
- The registered provider had a complaints policy which was available in an easy read format. Posters with information about complaints were also displayed around the service with pictures and large writing.
- The service had an iPad (electronic device) which could be used to enable people who were unable to communicate verbally.
- Some people had access to their own computers. One person used this to communicate with the registered manager via email, about a project they were working on in the service.
- During a game of bingo, a person was given a large numbered bingo card. This enabled the person join in with others and they were able to play bingo without support from staff.

End of life care and support

- People received meaningful end of life care and support.
- Some people had end of life care plans in place. Where people did not have these plans in place, the registered manager had already identified this as a need in the service. Plans were in place to develop these.
- Staff were passionate about supporting people at the end of their life and felt this was important to them. One member of staff told us "I am really passionate about end of life care. We deliver kind, personal care at the end of people's lives." Where another told us "Our delivery of end of life care is what I am most proud of."
- The service had facilities to enable relatives to stay with their family member overnight during the end stage of their life. This facility was in use at the time of inspection

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was not always a positive culture around leadership of the service. Some people and relatives didn't feel the service was well managed and issues raised were not always resolved to people's satisfaction.
- One person told us "I know who the manager is, but they just stay in the office." Another person told us "Management don't care enough." However, Staff told us they felt the registered manager was approachable. One staff member said "[Name of registered manager] is very approachable and supportive." Another staff member told us "[Name of registered manager] is amazing, their door is always open, and they are always willing to help."
- Some relatives didn't feel comfortable raising a concern with staff. One relative told us "I don't want to complain as I don't want it to come back on [Relative]." We observed a concern being raised by a relative to a member staff. The relative was not treated with compassion. We raised this with the area director who took immediate action and called the relatives to apologise.
- The registered provider had a clear vision and strong values around kindness. However, we found this had not been fully embedded within staff team. Whilst some staff demonstrated kindness, other staff did not. Following inspection, the registered provider created a 'Kindness competition' for the staff to promote the culture of the organisation and to motivate staff. The area director will be monitoring this.
- Staff were empowered to progress with in the organisation. One member of staff told us "I started here as a senior and I am now a nursing assistant. I was offered the opportunity to go on the nursing assistant programme and the training has been good. I can support the nurses with tasks."
- The registered manager understood their responsibilities in relation to the duty of candour, they had been open with us during inspection about challenges they experienced in the service. The registered manager was still looking at ways to resolve on going challenges with the support of the registered provider.

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

- There was at times a lack of clarity around staff roles and although there was quality monitoring programme in place when shortfalls had been identified, actions had not always been signed off as complete.
- During lunch time meal service, there were seven members of staff in the dining area. Whilst there was enough staff, there was a lack of direction to enabled them to meet people's needs effectively. Some

members of staff were just stood in the dining area whilst some people had not been supported with their meal.

- We received notifications from the registered manager where needed. These were related to important events which occurred in the service. For example, safeguarding and serious injuries.
- The registered manager had a good understanding of people who used the service and understood their needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had access to transport for people to go in to the community. However, a member of staff told us there was no driver available and haven't had one for a long time. Records showed that this has been an ongoing issue since January 2019. Therefore, people have had limited access to the community. The registered manager told us that they had been attempting to recruit a volunteer driver and this is still on going.
- Relatives were involved in the service and joined in with activities that were available.
- The service had positive relationships with people and groups in the community. The service had received a visit from a local nurse which people and their relatives were involved in. People were engaged about giving us feedback about this visit and said, "Oh it was lovely." A relative told us "It was so nice to see all their faces when the children came. It was a successful visit."