

Valorum Care Limited

Alne Hall - Care Home with Nursing Physical Disabilities

Inspection report

Alne Hall
Alne
York
North Yorkshire
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Tel: 01347838295

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alne Hall Care Home with Nursing Physical Disabilities is a residential care home providing personal and nursing care to older people and young adults with physical disabilities, learning disabilities and autism. The service can support up to 30 people in one adapted building. At the time of our inspection, 30 people were using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

We considered this guidance as there were people using the service who have a learning disability and/or, who are autistic.

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

Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People received their medicines safely as prescribed by suitably trained staff. Some records required updating to ensure guidance reflected best practice. For example, for staff to follow when supporting people to take their medicines on food to aid swallowing.

Right support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received initial assessments of their needs with care plans in place to manage known risks. People's care plans and risk assessments reflected their needs and preferences and staff were knowledgeable about the level of support people required. Care plans benefitted from an enhanced review process to ensure information remained up to date as an accessible point of reference for staff.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights; People told us staff were respectful, caring and understanding around their emotional and physical needs.

People were involved in planning their care and support. Care was delivered following a robust assessment

of needs to ensure people's wishes preferences and any personal characteristics were recorded and supported.

People were supported safely by enough suitably trained and recruited staff. Some staff supervisions and appraisals had been completed in line with policy and staff were benefitting from new processes to improve this area of support.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives; The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People told us they felt confident to approach the management team and that their suggestions would be listened to.

A range of quality assurance checks including regular audits were completed to manage and improve the service and to maintain compliance with required regulations.

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

Rating at last inspection and update

The last rating for this service was good (published 9 October 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We recommend the provider reviews the latest medicines guidance to ensure records used as a point of reference by staff follow best practice.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alne Hall - Care Home with Nursing Physical Disabilities

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 1 inspector a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alne Hall - Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alne Hall - Care Home with Nursing Physical Disabilities is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 3 members of care staff, 1 agency staff, the cook, activities coordinator, regional operations manager and the deputy manager. We had a look around the service and looked at a wide variety of records used to manage the service, safety, and the home environment. We reviewed 6 care plans, 3 staff files, 1 agency staff file, and records used to manage people's medicines and daily health needs.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where people with assessed capacity took their medicines placed on top of their food to aid swallowing, the provider had incorrectly recorded associated guidance for staff to follow as covert administration of medicines under a best interest decision in the persons care plans. No harm was caused because of this.

We recommend the provider reviews the latest NICE Covert medicines administration quality statement to ensure the correct guidance is recorded in people's care plans for staff to follow when supporting people to take their medicines on food.

Following our feedback, the deputy manager acted to review this guidance to ensure correct documentation was in place for staff to follow.

- Where people required support to take their medicines people told us this was completed safely.
- Where people were prescribed 'when required' (PRN) medicines, there were protocols in place for staff to ensure manufacturer's instructions were followed.
- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.
- Staff responsible for the administration and management of people's medicines had received required training and checks to ensure they continued to follow best practice.

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

- People were safe from the risks of abuse and avoidable harm. A relative said, "Yes; [Name] is kept safe, there are no concerns."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- All incidents were documented with systems and oversight to record outcomes and take actions to help prevent similar events as part of lessons learnt.
- Information was shared across the organisation to support learning and promote good practice

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed and well managed.
- People's care plans were reviewed and included risk assessments about current individual care needs. Control measures to reduce such risks were set out in care plans for staff to refer to.

- Staff knew people well and were knowledgeable about people's individual needs and what to do to provide safe care and support.
- Daily handover meetings were held to discuss any concerns in people's needs. The associated records were available for staff to review to ensure they were aware of the changes. An agency staff said, "I am included in the handovers which provide me with a very good insight into people's daily needs and about any events that I need to be aware of on the earlier shift."

Staffing and recruitment

- Staff were recruited safely. People were supported by staff who knew them well.
- The service had experienced some staffing issues but had managed this by having regular and consistent agency staff. These staff received a service specific induction and shadowed regular staff to enable them to provide effective support to people.
- Appropriate pre-employment checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. A scheme of repairs and decorating was required (and was planned) to assure environmental infection control of the structure of the home, including fixtures and fittings remained manageable.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was following required guidance on visiting. No unnecessary visiting restrictions were in place which ensured people enjoyed good visiting arrangements in support of their daily lives.

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 our last inspection we used the rating of good awarded under the previous provider for this service. At this inspection the rating for this key question has remained 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

- Pre-assessments were completed with people to ensure the service could meet their individual needs prior to admission.
- Staff understood people's individual needs promoted choice and were respectful of their preferences.
- Care plans had benefitted from a newly implemented and enhanced review process to ensure information remained up to date as an accessible point of reference for staff.
- Staff told us care plans were an important point of reference for people. Care plans we reviewed recorded person-centred information including people's likes/dislikes and what makes them happy or sad.

Staff support: induction, training, skills and experience

- Staff received support and training to carry out their roles. However, supervisions and appraisal were not always robustly completed following company policy to provide staff and the provider with the opportunity to confidentially discuss their roles on a regular basis. Following our feedback, the regional operations manager provided an update on planned changes to improve this process to ensure staff supervisions were used to develop and motivate staff, review their practice and/or behaviours, and focus on professional development.
- Staff received both routine training to carry out their day to day roles and training to meet people individual needs. For example, we observed staff moving and handling people using a hoist. Staff involved were skilful in their approach and sensitive to the person's needs without causing distress.

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

- People received assessment and support to enjoy a healthy balanced diet. A relative said, "[Name] enjoys their food and knows what she wants to eat. Staff monitor her to ensure she keeps a healthy weight."
- Records were maintained to monitor people's weight, food and liquid intake. Where concerns were noted appropriate referrals were made if required, to other health professionals for their input.
- Clear records were maintained and updated to ensure any choking risks were managed with the correct dietary input. The chef said, "We cater for all needs and dietary requirements. People can have what they want to eat within reason. We have good recorded information from staff to support people where specialist diets are required."

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

- The service worked well with other agencies to support people holistically with their care and support.

- Care plans were routinely updated following access to healthcare services. For example, oral care, GP assessments, and input from trained psychologists.
- Where people required access to healthcare services this was arranged in a timely way. A minibus with wheelchair access was available for use which helped to ensure people accessed external health appointments on time.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictive practices were required to keep people safe, for example for the use of bed rails to prevent falls, appropriate decision making was recorded to ensure the equipment was both the least restrictive option and in the persons, best interest.
- Where people did not have the capacity to make their own informed decisions information was provided in an accessible format and where appropriate, their family, friends and other care staff were involved.
- Staff understood the importance of encouraging people with other everyday decisions and choices they could make. One staff said, "We encourage people to maintain areas of independence even when we have to support them, it's important for them that we don't just take over and do everything."

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

- The home was accessible to everybody and people were able to navigate easily between different areas using required equipment.
- Some areas of the home were 'clinical' in appearance and plans were in place to make these areas more homely. People's individual rooms were personalised and reflective of their preferences, hobbies and interests. Substantial outside garden areas were accessible for people's enjoyment with plans in place to further improve accessibility.
- Following resident consultation and feedback, plans were in place to add and enhance sensory areas for the benefit of people, for example with a learning disability and autism.

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 our last inspection we used the rating of good awarded under the previous provider for this service. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff clearly understood and were supportive of people's individual needs. A relative said, "They (staff) are all friendly with [name] and quick to respond to their needs when they use the call bell. They openly discuss how [name] has been between our visits, even when rushed."
- People's diverse needs were supported. For example, the provider had good links with the local church where people were supported to enjoy religious activities. People's choice of carer was respected with male or female staff attending to their needs and staff encouraged people with any areas of independence.
- Where required, adjustments were made to ensure people received care and support as assessed. This included referrals for assessments to ensure people had access to any equipment to maintain their mobility.

Respecting and promoting people's privacy, dignity and independence

- We observed people were treated with respect and kindness by caring staff. One person said, "It's a great place to live, there are a lot of people with a variety of complex needs which makes it interesting, and staff are very kind and helpful."
- We observed staff interacted with people in a caring and sensitive manner. We saw people were respected by staff and treated with kindness at all times. The atmosphere in the home was calm and relaxed. For example, at mealtimes people were supported by staff to eat their food in an unrushed manner by staff who we observed to be patient and attentive to people's individual requirements.

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

- People and their relatives were involved in their care planning. One person said, "Staff discuss my needs and record any preferences I have; to make sure other staff know. They listen and are open to suggestions. They're good like that!"
- People were supported to express their views. One person said, "I am happy to speak up and I do. I also speak up for others who may not be able to. Most of the staff are easy to talk to."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we used the rating of good awarded under the previous provider for this service. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which was reviewed to meet any changing needs. Records were written in a person-centred way with the involvement of the person and people close to them including families.
- Individual activity plans were in place and under review to ensure outcomes from people's participation lead to positive improvements towards achieving their goals, with consideration of their abilities.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in meaningful social activities and to engage with the local community in line with their choices and preferences. Where people remained in their rooms one to one support provided stimulation and helped to protect people from the risk of social isolation.
- A new sensory room was planned. The activities lead said, "We are developing the activities to reflect what people want to do. We have some dedicated group arts and crafts but lots of other events have been enjoyed and are planned for people to take part in."
- People were enabled to take positive risks to carry out their chosen activity with records developed for staff to use to mitigate risks.

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.

- People received information in a way they could understand. Care plans included assessments to ensure people's communication requirements were followed by staff.
- Staff used a variety of ways to communicate with people. For example, one person used some Makaton another had a basic understanding of brail. Others used signs of their own which staff understood.
- Staff used visual aids and electronic communicators to enable people to convey their needs and wants. One staff said, "I have worked here for a long time, you get to know people's moods, if they are happy, sad or just in need of some support by their facial expressions or how they present. There is communication information in their care plans, and I think we [staff] have a good understanding of people."

Improving care quality in response to complaints or concerns

- A policy and procedure was available including in accessible format to help people raise their concerns.

The process ensured oversight of complaints for themes and trends to provide improvements.

- People and their relatives told us they would be happy to raise their concerns. A relative said, "Communication is better now than it was, the registered manager and the deputy were on the first floor, now they're 'in the heart of it' downstairs."

End of life care and support

- Care plans included provision to record information, where agreed to support advanced decisions to support people during their end of life.
- Care reviews included discussions, promoting and planning end of life care to ensure people receiving this care and support did so with regard to their wishes and preferences by suitably trained staff, with support from experienced health professionals. For example, Macmillan nurses, to keep people comfortable and pain free.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had maintained good communication to keep people and their relatives informed through a difficult period of transition. One relative said, they were, "Looking forward to resuming input to required reviews," referencing, "The impact evident following restrictions under COVID-19." Another relative said, "Since the [changes], it's turned out really quite well, there have been improvements [for people]."
- People told us they were routinely consulted with, and that their wishes, plans for their care and feedback about the service were listened to and respected. One person said, "We have meetings for the residents and my [relative] can attend. We put forward our suggestions and discuss any planned changes."

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

- People achieved good outcomes due to the culture at the home. People told us they enjoyed living at Alne Hall and were positive about the care and support they received.
- The provider, managers, and staff demonstrated they had a clear vision and strategy to deliver high-quality person-centred care with a focus on good outcomes for people.
- The registered manager and their deputy were supported by the provider with regular oversight visits made by the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the requirement for duty of candour. Evaluation of areas of the service was a key theme, this helped to identify areas for improvement for the benefit of the people who lived there.
- Urgent bulletins were shared along with learning from incidents at other services to progress staff understanding and to promote safe care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The manager and staff were clear about their roles and responsibilities. The registered manager reported incidents that were legally required to the relevant partner agencies and to the CQC.
- There were quality assurance systems in place to monitor the service and drive improvements where required.
- People received holistic care and support from multidisciplinary teams and health professionals which

helped guide staff and enabled positive outcomes of care.