Lancashire County Council

Altham Meadows

Inspection report

Bartholomew Road
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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

Altham Meadows is registered to provide 24-hour care for up to 22 people. The home is a single level, purpose built premises in Morecambe, close to local amenities. Bedrooms have en-suite facilities. At the time of our inspection, 10 people were staying at the home. The service is a step-down or intermediate care facility. The aim of the service is to reduce pressures on hospitals by providing care and rehabilitation support for people who are well enough to leave hospital, but are not yet well enough to return home.

Altham Meadows 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.

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

This inspection took place on 23 July 2018 and was unannounced. This was the first time the service had been inspected since registration in September 2017.

The provider had systems to safeguard people against abuse or improper treatment. Staff had received training to spot abusive or inappropriate practices and knew how to report them. The service followed a robust recruitment process to ensure only suitable candidates were employed.

The service ensured a sufficient number of staff were deployed at all times. Staff retention had improved and more staff were available to cover shifts at short notice, if required. The registered manager reviewed staffing levels against people's needs to ensure there were always enough staff.

Staff assessed risks to the health and well-being of people who used the service and plans were put in place to lessen these risks. Environmental risk, for example around fire safety, had been assessed and appropriate plans put in place to lessen risks. The service promoted positive risk taking in order to help people maintain as much independence as possible.

The service followed best practice guidance in relation to the management of medicines. Regular checks were undertaken to ensure people received their medicines as prescribed. People were able to manage their medicines themselves if they wished.

Staff had received training to reduce the risks related to the spread of infection. We observed staff follow good practice guidance whilst undertaking their duties. The home was clean and tidy during our inspection.

The provider had systems which recorded any adverse incidents or events. We saw analysis of accidents and

incidents was undertaken in order to make positive changes to reduce the risk of recurrence.

People's needs and choices were assessed and care and treatment provided in line with current legislation and guidance in order to achieve effective outcomes for people who were staying at the home.

The service ensured staff had the skills, knowledge and a good level of support in order to meet people's needs effectively. Staff received a thorough induction when they began working at the home, alongside additional training and regular supervision form senior staff.

People's nutritional needs had been assessed and care planned in order to meet them. People's specific dietary needs were monitored and catered for appropriately.

The service followed good practice guidance in relation to obtaining consent from people. Where people lacked capacity to consent, the service followed best interests processes, as outlined by the Mental Capacity Act 2005 code of practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We received consistently positive feedback about how caring the service was, including staff and management. People were able to make their own choices and express their views. People who used the service and staff were actively involved in shaping the service delivered.

The service ensured the care and support delivered to people was personalised and responsive to their needs by way of ongoing assessment and care planning. People confirmed they were involved in this process.

A variety of activities were organised and took place at the home. People we spoke with were particularly fond of the exercise classes. Facilities were available for staff to support people with rehabilitation including daily living skills such as cooking.

The provider had a complaints policy. People we spoke with confirmed they would have no hesitation in making a complaint and felt any concerns would be dealt with swiftly and appropriately.

The provider had systems in place to assess, monitor and improve the quality of the service provided to people.

The service used a variety of methods to gain people's views and experiences of using the service. These included ongoing informal conversations, as well as meetings and satisfaction surveys.

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.

Systems were in place to safeguard people against the risks of abuse and improper treatment.

The service had systems to ensure the proper and safe management of medicines.

The registered manager continually reviewed staffing levels to ensure enough staff were deployed at all times.

Is the service effective?

Good

The service was effective.

People received care from a well-supported staff team who received a good level of training and support from senior staff.

People's needs and preferences had been taken into account in relation to food provision.

The service provided access to professionals such as occupational therapists and physiotherapists in order to assist with their rehabilitation.

Is the service caring?

Good

The service was caring.

We received consistently positive feedback about the approach of staff. We observed this during our inspection.

People's privacy and dignity was maintained at all times. Staff spoke with people in a dignified and compassionate manner.

People were involved in reviewing the care and supported provided to them.

Is the service responsive?

Good

The service was responsive.

Staff assessed people's needs on an ongoing basis and ensured written plans of care were in place to guide staff to meet people's needs.

Meaningful activities, in order to provide stimulation for people and to maintain their social health, were provided.

The service had a complaints policy. People were confident any complaints would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The provider had systems to monitor the quality of the service provided and to seek the views and experiences of people who received a service.

Checks to make sure the premises and equipment were safe had been carried out.

There were clear lines of responsibility and accountability within the service. The staff team received a good level of support from management.

Altham Meadows

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 July 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection visit we contacted the commissioning department at Lancashire county council. In addition, we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

At the time of inspection there were 10 people who used the service. We spoke with a range of people about Altham Meadows. They included three people who used the service and eight members of staff, including the deputy manager and area manager.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, two staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

This was the first time the service has been inspected since registration in September 2017.

Good

Is the service safe?

Our findings

People who were staying at Altham Meadows told us they felt safe. Comments we received included, "Oh, yes, I feel very safe." And, "No issues with safety."

The provider had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed.

We saw the provider had completed risk assessments to identify the potential risk of accidents and harm to staff and people being supported. Risk assessments we looked at provided instructions for staff members, when for example delivering personal care support and moving and handling. Where potential risks had been identified, we saw measures had been put in place to lessen the risks. For example, sensors were put in place in people's bedrooms. These were in place for people who may be at risk of falling at night time, so staff were alerted if the person got up during the night. This meant staff could respond quickly to provide support and ensure the person's safety. Another example was staff ensured they were on hand to support people to move around the home, to reduce the risk of falls. One person told us, "Someone comes with me when I walk to the dining room. It helps reassure me." Environmental risk assessments had also been carried out regularly and plans were in place in the event of an emergency evacuation of the premises.

We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. A valid DBS check is a statutory requirement for staff providing a personal care service supporting vulnerable people. Staff we spoke with told us they did not start work until they had received their DBS check. This showed staff were always recruited through an effective recruitment process that helped to ensure only suitable candidates were employed to work with people who may be vulnerable.

We looked at how the provider ensured a sufficient number of staff were on duty at all times. We saw the management team used a tool to assess staffing requirements, based on the dependency levels of people who were staying at the home. People we spoke with told us there were always enough staff on duty. One person told us, "There are enough staff. I only have to press the bell and someone comes and they're usually very quick." Another person commented, "I think there are enough staff. I only have to push a buzzer and they're there." Staff we spoke with told us they felt there was a good skill mix and there were always enough staff on duty. One staff member commented, "There are no issues with staffing." During our inspection, we saw there were enough staff on duty to respond quickly to call bells and staff were always present in communal areas. When we spoke with the management team, they told us staffing was based on people's level of need and was adjusted accordingly.

We looked at how medicines were managed. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits

in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. People we spoke with told us staff assisted them with their medicines. We saw one person administered their medicines themselves. In order to support the person, staff had carried out an assessment of the person's ability to manage their own medicines, to ensure they followed their prescription. This was kept under regular review. We saw medicines were stored securely in each person's bedroom and records related to medicines administration had been completed appropriately. This showed the provider had systems to ensure the safe and proper management of medicines.

We looked around the home and found it was clean, tidy and maintained. We observed staff made appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the premises. These were observed being used by staff when attending to people's needs. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

We looked at documentation and found equipment had been serviced and maintained as required. A range of checks were carried out on a regular basis to help ensure the safety of the property and equipment was maintained. These checks included fire alarm, water temperature, lifting equipment and electrical appliance checks. This helped to ensure people were kept safe and free from harm.

We looked at how the service recorded and analysed accidents and incidents. The area manager showed us their systems which recorded details of such events, along with details of any investigations that had been carried out. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of recurrence.

Good

Is the service effective?

Our findings

People we spoke with told us they were cared for by a competent staff team who supported them with their rehabilitation. One person told us, "The staff really are great. I could barely walk when I came in. They've helped me make loads of progress." Another person told us, "The staff are very good. They all seem to know what they're doing. They give me the support I need."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people have choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had policies and procedures to assess people's mental capacity and to support those who lacked capacity to manage risk. Staff we spoke with had an awareness of the MCA and were able to explain how they supported people to make decisions about their day to day lives. People were able to choose what they wanted to do and were supported by staff. This was confirmed by people we spoke with.

We saw people had signed consent forms where they had capacity to make decisions related to their care. Where people's capacity was called into question, staff carried out assessments of people's capacity and followed best interests processes, in line with the MCA. Staff we spoke with demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the deputy manager confirmed they understood when an application should be made. We did not observe people being restricted or deprived of their liberty during our inspection. Where sensors were being used in people's rooms, those people had consented to their use. No applications had been made under DoLS at the time of our inspection.

People we spoke with told us meals and food choices were of a good standard. Comments included, "The food is good. It's all bought in. There's a choice at each meal." And, "I think the food is terrific." We observed lunchtime was a social occasion. Staff sat and talked with people and supported people, where required, with their meals. During the day, snacks and drinks were offered to people morning and afternoons. The area manager told us and records showed observations of peoples' dining experience were carried out regularly. This included consulting people with regard to any changes they would like to see to the menu on offer. The management team had produced a 'you said, we did' document in response to people's comments, which showed changes had been made to improve people's experiences at mealtimes.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Nurses, physiotherapists and occupational therapists were involved in people's care and rehabilitiation. Records we looked at showed people's needs, abilities and goals were regularly reviewed and updated to reflect their current circumstances. This helped to ensure their needs were met effectively.

Staff we spoke with told us they received a good level of training and support in order to provide care that was effective. The service's training matrix showed staff received training in areas such as moving and handling, diabetes, falls prevention, infection control and dignity. This helped to ensure people were supported by staff who had the right knowledge, qualifications and skills to deliver care and support effectively. The registered manager carried out regular analysis of staff training and carried out discussions and observations with staff to ensure the training was effective.

Staff we spoke with told us and records we looked at confirmed staff received regular supervision sessions. These were a one-to-one meeting between senior staff and the staff member where performance and development was discussed. Staff we spoke with told us they felt well supported by the registered manager and senior staff. The area manager told us they also carried out reactive supervision sessions in response to any mistakes or issues with staff performance.

We looked at each area of the home to make sure it was a safe and suitable environment for people to live in. The premises were clean and tidy. We reviewed the maintenance log for the home which showed ongoing work to maintain the premises. The home comprised of single bedrooms with en-suite facilities, a communal dining room and two lounges. In addition, there was a room with a kitchen, which people used, with staff support, in order to re-learn skills such as cooking for when they returned to their own home. Corridors were wide and had handrails on each side to assist people's mobility. The gym room, used for physiotherapy, had parallel bars and other equipment for use during therapy in order to aid people's recovery.

Good

Is the service caring?

Our findings

People we spoke with gave us consistently positive feedback about how caring the service was. Comments we received included, "The staff are marvellous. They are really caring and patient." And, "I think they're all lovely. Very kind. I was frightened about coming here at first, but they really put me at ease." Another person told us, "This place is 100%. The staff are great, they've been absolutely wonderful. I've been perfectly happy here for the last seven weeks."

We looked at how the service involved people or, where appropriate, others acting on their behalf in reviews of their care. Each person we spoke with confirmed they were involved in deciding what care and support was provided when they moved into the home and also during regular reviews. We saw care documentation included information about people or, where appropriate, others acting on their behalf, being involved in reviews of the service provided. Staff we spoke with also told us feedback was gained from people on a more informal basis each day. This helped to ensure people were involved in deciding how the service was delivered to them.

We observed staff took a kind and caring approach when delivering support to people. For example, we saw staff patiently helped people to walk around the home while offering positive and reassuring comments. We observed and staff told us they had time to spend with people on a one-to-one basis each day. During our observations, we noted many positive interactions between people who lived at the home and staff; lots of smiles and laughter. It was evident people and staff who supported them had built positive caring relationships.

During the inspection we saw staff respected people's privacy when delivering care and support. For example, we observed bedroom and bathroom doors were closed when personal care was delivered. People who lived at the home confirmed this took place and told us they felt staff respected them and helped to preserve their dignity.

We saw staff spent time during initial assessments to assess people's communication needs so they could ensure people understood information to make informed choices. Staff explained how they would ensure people with communication difficulties, such as poor eyesight or poor hearing would be supported so they could access information. People we spoke with told us staff had assisted them with their communication needs, for example, helping them access services to ensure their hearing aids were working properly.

Staff had received training around equality, diversity and human rights. Staff we spoke with told us the ethos at the home was to treat each person as a unique individual. Policies and procedures the service had took account of legislation, which provided guidance for staff. This showed the provider had regard to ensuring staff upheld people's rights and people were not discriminated against when receiving a service. This was in line with legislation such as the Human Rights Act 1998 and the Equality Act 2010.

Good

Is the service responsive?

Our findings

People who lived at the home told us the care and support provided met their individual needs. Comments we received included, "It's a great place. I've been very comfortable here. There are exercise classes, I go to the gym quite a bit and use the rails and I get to see the physio quite a lot." And, "We went through everything at the start and we speak about how I'm doing pretty much every time I see someone." Another person said, "I choose how I spend my time. I really like the exercise classes."

We looked at care documentation which included assessments of people's needs and written plans of care to guide staff in ensuring their needs were met consistently. Care plans included information about people's preferences in relation to their care, spiritual needs and life histories, as well as their care needs. This helped staff to deliver safe and effective support which met people's needs and reflected their preferences. Staff we spoke with were able to describe individual people's needs and preferences in relation to how care was delivered, which matched what had been recorded.

We saw assessments of people's needs and written plans of care were kept under review and updated according to changes in people's circumstances. Staff we spoke with explained care plans were routinely reviewed on a regular basis, but were reviewed immediately following any changes, for example, if professional advice was received or following a fall or decline in mobility. This showed the service kept people's plans of care up to date to ensure the care and support provided was responsive to their needs. In addition, a regular well-being audit was completed by staff. This covered all aspects of the service provided to people including personal care, sight, hearing, weight, clothing and bathing or showering. This helped to ensure the service provided continued to meet people's needs.

We looked at what activities the service provided in order for people who lived there to receive stimulation and to maintain social health. People we spoke with and staff all told us about events such as exercise classes, quizzes, reminiscience sessions and one to one time. We observed chair exercises using pom-poms and a sing song session. We also observed staff leading people who were living at the home in discussions about safety during the second world war. Everyone involved appeared to enjoy these activities. Staff also helped people with their rehabilitation in terms of re-learning life skills, such as cooking. We overheard a member of staff offering to help someone to paint their nails. This person later told us, "I am very happy with the activities and the attention from staff. It must be 30 years since I last had my nails painted." The service worked to ensure people's social needs were met by way of activity provision that was meaningful to them.

The provider had a complaints procedure, which described the response people could expect if they made a complaint about the service. Staff we spoke with told us they would assist people in making a complaint if required and would raise and concerns with the registered manager. This showed there was a clear process to handle complaints. People we spoke with had not raised any complaints but told us they felt any concerns would be addressed.

At the time of our inspection, no one was receiving end of life care. We looked at the service's training matrix which showed staff had received overview training in end of life care. When we discussed this with senior

staff, they told us they had provided end of life care previously and were well-equipped to do so. We saw the provider had documentation to prompt discussions and record people's wishes in relation to end of life care.

Good

Is the service well-led?

Our findings

People who used the service and staff all told us they felt the service was well-led. Staff morale at the service was very good and staff told us they enjoyed working there. Comments we received included, "I think it's very well run. Well organised." And, "I think the whole place is great. That must be down to how it's managed." A member of staff commented, "It's really rewarding, we see really good outcomes for people. We have a great team, we support each other. We're all from different backgrounds and have different skils so we work well and recognise each other's strengths." Another member of staff told us, "I love it here. It changes week to week because people come and go. It's like all the staff have been hand picked. We're all on the same hymn sheet. The management are really good, approachable and supportive. Their people skills are absolutely brilliant."

We looked at what systems the provider had to assess, monitor and improve the service provided. We found a range of audits and checks were in place. These covered areas such as risk assessments, care planning, social needs, fire safety and medicines. On reviewing audits, we saw where any shortfalls were identified, action had been taken to address them. In addition to audits which were carried out by the registered manager and deputy, the provider carried out regular visits which focussed on specific areas of the service provided. Reports from these visits were recorded and communicated to the management team.

In addition to audits and checks, the management team held regular meetings with staff, people who lived at the home and relatives and invited them to complete satisfaction surveys. The meetings were used to share important information about the service and to gain feedback about the service provided to people, as were the surveys.

We received positive feedback about the registered manager and deputy manager, both of whom were described as approachable, amenable and accommodating. Staff members we spoke with told us they would have no concerns in approaching senior staff with concerns and were confident they would be dealt with appropriately.

Staff we spoke with all told us the management team were visible, supportive and available to provide guidance and advice. The registered manager spent time working alongside staff to monitor the culture and performance of staff. Staff felt they were involved in shaping how the service was delivered and could make suggestions or raise concerns at any time. Staff we spoke with were clear about their roles and responsibilities. This showed the service had clear lines of responsibility and accountability and the staff team were well supported by management.

We looked at policies and procedures related to the running of the home. These were reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of

important events which happen in their services. The manager of the home had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.