

Alverstoke House Nursing Home

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Alverstoke House is a care home providing accommodation and nursing care for up to 29 people, including people living with physical and nursing needs. There were 22 people living at the home at the time of the inspection.

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

Safe medicine practices were not consistently promoted and people did not always receive their medicines as prescribed. Risks to people were not always identified and some risks assessments lacked robust detail about how risks should be managed.

People were at risk of not receiving appropriate healthcare because care plans did not provide guidance to staff on how people's healthcare needs should be managed. Nurses had failed to monitor and attend to a person's health needs effectively resulting in a deterioration to their health. Actions taken by the registered manager to prevent reoccurrence of incidents or accidents had not always been effective.

We saw that some people were under continuous control and supervision due to their cognitive impairments, with restrictions on their liberty. However, we found that for some of these people, no applications had been made to the local authority. This meant these people were being deprived of their liberty unlawfully.

People's care plans contained inconsistencies in the amount of person-centred information that was recorded and required further development to meet with best practice. However, care staff demonstrated they knew people well and understood their likes, dislikes and preferences.

There was not a culture of continuous improvement or understanding of quality performance evident in the service. We found reoccurring concerns had been noted and the registered manager and provider had taken action in relation to these. However, the actions taken had failed to mitigate the issues found.

Although the registered manager had attempted to implement changes in practice, changes were not imbedded. Systems and processes designed to identify shortfalls and to improve the quality of care were not always effective. Auditing that had taken place had not identified the issues we found.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs. Staff had received training and support to enable them to carry out their role. They received regular supervision to help develop their skills and support them in their role. People were supported to maintain relationships and avoid social isolation. People were provided with a range of activities and reported enjoying these.

People were happy with the meals and activities provided. People and relatives told us they felt safe and were happy with their care. They confirmed staff were kind and caring and we observed positive

engagements with people during the inspection.

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 requires improvement (published 29 January 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified the following breaches at this inspection.

Regulation 13 (Safeguarding service users from abuse and improper treatment) The provider failed to ensure people were not deprived of their liberty, for the purposes of receiving care or treatment, without lawful authority. This was a repeat breach of regulation 13.

Please see the action we have told the provider to take at the end of this report.

Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed, unsafe medicines management placed people at risk of harm and the service failed to ensure people were provided with safe care and treatment.

Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to operate effective systems to assess, monitor and improve the service. This was continued breach of regulation 17.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor the service to gain assurance that appropriate measures are put in place to address concerns. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Alverstoke House Nursing 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 was conducted by three inspectors.

Service and service type

Alverstoke House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including the latest action plan sent to us by the provider, previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority.

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 used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, deputy manager, a nurse, four care staff, two chefs and a member of the housekeeping team. We also spoke with four visiting health and social care professionals.

We reviewed a range of records. This included six people's care records in detail, elements of other people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and action plans were also reviewed.

After the inspection

We reviewed quality assurance records and additional supporting information provided by the management team and continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, meeting minutes and records relating to individuals care. We also received feedback from one social care professional.



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 Requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- People were not always receiving their medicines as prescribed. People had medicines that had been prescribed 'as required' (PRN). On day one of the inspection there were no person-centred 'as required' protocols in place to provide staff with guidance on how to safely administer this type of medicine. The deputy manager told us that these had been removed to allow them to be updated. On day two of the inspection these had been added to people's medicine records. However, on review we found they lacked clear guidance to staff of when medicine should be provided. For example, one person was prescribed medicine to help support them with anxiety. Their PRN plan stated, 'Take half a tablet when required, up to four times a day.' This was followed by, '[person's name] often suffers from anxiety due to,' no detail of what the cause of this person's anxiety could be was noted. Without this information staff may not know what actions they could take to prevent or mitigate anxiety for the person.
- When people had received PRN medicine this was not always robustly recorded. For example, one person was prescribed medicine to prevent nausea and vomiting. On their medicines administration record (MAR) it stated, one can be given three times per day when required. When PRN medicine is given to a person this should be recorded on the back of the MAR chart including information as to the time the medicine was given and the reason why. This helps to ensure that medicines are received within safe timeframes, given appropriately and the effects of the medicine can be monitored. Staff had signed the MAR chart as administering this medicine 26 times from the 6 January to the 15 January 2020. However, they had only recorded on the back of the chart four times. This meant the safe use of this medicine could not be monitored.
- The MAR should be signed by staff when medicine has been administered. We saw there were gaps in the records for some medicines, which meant it was not clear if people had been administered their medicine as prescribed. We raised this with the registered manager who told us they would review the MARs.
- Topical medicines administration records (TMAR) were in place to record the application of creams and lotions for people. These records were stored in people's rooms and completed by care staff. We found the information on people's TMAR did not correspond with information on the cream and lotion containers. For example, one tub of cream for a person stated, 'Apply four times per day' yet the information on their TMAR said, 'apply Saturday's and Sunday's only.' From the signatures on the TMAR neither of these administration instructions had been followed. For another person their tub of prescribed cream stated, 'use as directed' however no directions were available to staff and we saw that this was applied sporadically. Additionally, creams and lotions stored in people's rooms did not always have a date of opening recorded so staff would know when to discard it. This was discussed with the registered manager and deputy manager who were unable to provide clear information about when these creams and lotions should be administered. The registered manager agreed to review the administration of creams and lotions.
- Systems to help ensure medicines were always available to people were not robust. During the inspection

staff were unable to confirm medicine stocks were correct.

Unsafe medicines management placed people at risk of harm and is breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some viewed risks assessments lacked robust detail about risks to people and how these should be managed. For example, one person had a risk assessment in place for pressure sores, which stated, 'please encourage [person] to change their position regularly' and 'Staff to observe for discolouration or skin damage and report promptly.' This person had a history of pressure damage; however, the risk assessment did not detail how often the person was to be encouraged to change their position or how frequently staff were to observe for discolouration to skin. Additionally, we viewed a diabetic risk assessment for a person. This gave information to staff to, 'Monitor blood sugar levels daily and as required' and provided staff with information about signs to look for that could indicate the person was experiencing unstable blood sugar levels. However, this risk assessment did not highlight what would be considered a 'stable' blood sugar level for this person. A third risk assessment for mobility stated, 'Ensure walking aids are used appropriately' but didn't state what walking aids were required.
- The registered manager had updated the process around the recording and monitoring of complaints, accidents, incidents and near misses to help identify any themes and trends. The registered manager was able to provide us with evidence that if a pattern emerged, action was taken to prevent reoccurrence. However, we found that although actions were taken by the registered manager to prevent reoccurrence of incidents or accidents, these actions had not always been effective. For example, following a recent incident where a person came to harm, staff had not followed guidance and the incident reoccurred.

The failure to ensure risks relating to the safety and welfare of people using the service are assessed and managed is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were aware of issues in the risk assessments and care plans and these were in the process of being updated.

- Other risk assessments viewed did include detailed information as required.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal emergency evacuation plans had been completed for each person, detailing the action needed to support people to evacuate the building, in the event of an emergency.
- Staff were informed of any accidents and incidents and these were discussed and reviewed, with staff, where required.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified the provider had failed to ensure people were protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had rectified the previous issues found however continued to be in breach of this Regulation. The reason for this breach can be found in the

effective domain of this report.

- People and their relatives told us they felt the service was safe. A person said, "I feel safe here. They [staff] are always around to give you a hand." Another person told us, "I feel safe when I'm being supported to move." One relative said, "Yes, I do feel [relative] is safe, they would not be here if I didn't think that."
- Since the last inspection more effective processes have been put in place for investigating any safeguarding incidents. We saw records which confirmed where abuse was suspected, this would be thoroughly investigated, and action taken in a timely way where required. There were also systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.
- Staff had received training in safeguarding adults and understood how to recognise abuse and protect people. All staff we spoke with demonstrated an understanding of their safeguarding responsibilities. One staff member told us, "I would report any concerns to [registered manager's name] or [provider's name] and if I needed to, would report to the local authority safeguarding team or CQC."

Staffing and recruitment

- The service had sufficient numbers of staff to meet people's needs. Staff were observed to have time to provide people with responsive and effective care in a relaxed and unhurried way.
- Feedback from people confirmed there were appropriate numbers of staff on duty to meet people's needs. A person said, "Oh the girls come quite quickly when I ring the call bell." Another person told us, "When I ring my call bell I have to wait about three to four minutes which I think is quite acceptable."
- Staff told us they felt that they had enough time to meet people's needs. One staff member said, "I feel there is enough staff, we have busy times, but on the whole, we are pretty well staffed."
- There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed using overtime, bank staff and agency staff.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks and obtaining up to date references. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- The home was clean and well maintained. Staff were trained in infection control.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE) was available throughout all areas of the home. Staff were seen to be wearing gloves and aprons when appropriate.
- Domestic staff were employed within the service who completed regular cleaning tasks in line with set schedules.
- Policies and procedures were in place to protect people from the risk of infection.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments had been completed for people on admission to the service. However, information was not always updated in a timely way when people's needs changed. Additionally, we found instances where there was key information missing from people's care plan which was essential to support them.
- People were at risk of not receiving appropriate healthcare because some care plans did not provide guidance to staff on how people's specific healthcare needs should be managed. For example, one person had a single medical condition care plan in place which included two different illnesses. One of these conditions was noted to be insulin dependent diabetes. A comment within the care plan said; '[person] is insulin dependent diabetic and requires assistance to maintain BM of', no other information was added to describe what 'BM of' was or meant. Additionally, the care plan stated that the objective was for, 'blood sugar levels to be maintained within normal limits', yet it did not include information about what 'normal limits' were for this person. On reviewing another person's care record who was also an insulin dependent diabetic this also did not contain person specific information as to what their individual 'normal limits' would be and did not provide staff with guidance on the frequency to which their blood glucose levels should be monitored. Another person had a medical condition care plan in place in relation to experiencing a stroke. Within the care plan there was also a comment in relation to epileptic seizures, yet no other information, risk assessment or guidance was in place for staff in relation to these seizures other than, 'give [name of medication] if further seizures occur.' The lack of person-centred and detailed information and guidance for staff placed people at risk of receiving ineffective and inappropriate care.
- Prior to the inspection we received information that nursing staff at the home had not been appropriately managing a person's wound. Nurses had failed to monitor and dress this wound for a period of 12 days which resulted in the wound deteriorating. This was identified by the registered manager who took immediate action, which included, investigating the issue, competency checks on the nursing staff and getting guidance from specialist health care professionals. However, on reviewing wound management plans during and following the inspection, gaps in treatment were noted which did not correspond with the guidance in the management plan.
- A range of well-known tools were available to staff working at the service to support them to monitor people's health and wellbeing in line with best practice guidance. However, from our findings, as highlighted we could not be assured that these were being used or followed effectively.

The failure to ensure people were provided with safe care and treatment was a breach of regulation 12 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People confirmed they were supported to access healthcare services when required.
- There were procedures in place to help ensure that people received consistent support when they moved between services. The service used the 'Red Bag Pathway'. The Red Bag Pathway helps ensure that all standardised paperwork, medicines and personal belongings are kept together throughout a person's hospital stay and are returned home with them. The standardised paperwork ensured that everyone involved in the care for the person had the necessary information about their general health, current concerns, social information, abilities and level of assistance required.

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 saw that some people were under continuous control and supervision due to their cognitive impairments, with restrictions on their liberty. The registered manager confirmed that if some people were to attempt to leave the building, staff would either prevent them from leaving or go with them to keep them safe. Although the provider had made some applications to the local authority to deprive people of their liberty, no deprivation of liberty authorisations were in place. Applications made for two people prior to our inspection had not been reviewed or followed up with the local authority. For example, an application had been made for one person in 2016. There was no evidence that this had been re-applied for or followed up with the local authority. In addition, we found that some people were being deprived of their liberty and no applications to the local authority had been made. This meant, although staff would be acting in people's best interests, some people were being deprived of their liberty unlawfully. We discussed this with the registered manager on day one of the inspection who agreed to review this and make DoLS applications for the relevant people as required. On day two of the inspection we were provided with evidence that applications had now been made as required.

The failure to ensure people were not deprived of their liberty, for the purposes of receiving care or treatment, without lawful authority, was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Decisions taken on behalf of people had not been recorded as part of the care planning process, in accordance with the MCA. These included decisions about the delivery of personal care and the management of people's medicines. For example, we viewed records for one person who appeared to lack capacity to make some decisions. They required staff to make decisions about the management of their health needs and to manage their medicines. Another person appeared to have fluctuating capacity and at times lacked capacity to make some decisions. Their care plans did not contain records to demonstrate that MCA assessments or best interest decisions had been completed. However, when we discussed this with the registered manager they showed us completed MCA assessments for one person and they had commenced recording the best interest decisions made. They assured us they would also be completing these for other

people, where they had identified fluctuating capacity.

- Where people were able to, their consent had been sought for their care needs. Staff told us they involved people in decisions, where they were able to make them. One staff member told us, "I will show people items of clothing and will let them know what the weather is like. Then I can support them to understand, but if they choose clothing that is thinner, that is up to them, but I would then offer a blanket or cardigan."

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

- The home was based over two floors and there was a choice of communal spaces comprising of two communal lounges, a dining room and a conservatory, which allowed people to socialise or spend time alone.
- Some adaptations had been made to the home to support the needs of the people living there. A passenger lift gave access to the first floor and most bedrooms had en-suite facilities. However, we found the layout confusing to navigate and there was limited signage to support people living at the home to find their way around. This would have been particularly problematic for people living with a sight or cognitive impairment and could impact on their ability to access toileting facilities independently. This was discussed with the registered manager on day one of the inspection. On day two of the inspection we saw that temporary signs had been put in place and the registered manager confirmed new permanent signs had been ordered.
- People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.

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

- Most people said they enjoyed the food, and all said they had enough to eat and drink. One person said, "The food is usually very nice. I didn't have what was on the menu today as I didn't fancy it, so they cooked me a bit of fish." Another person told us, "Lunch was very nice."
- Throughout the inspection, people were offered drinks and snacks regularly. Care records and food and fluid charts also demonstrated people had choice and access to sufficient food and drink throughout the day and night.
- Menus were personalised to people's needs and preferences and people received a balanced diet.
- The chef attended the staff handover daily to ensure that they were updated about any changes in people's dietary requirements. They also spoke with people regularly to get feedback on the meals provided and establish people's preferences.
- People's care plans highlighted people's food preferences, such as the type of diet they required, any food allergies and the level of assistance they needed.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs and professionals were involved where required to support people and staff.
- Meal times were a social experience for people and where people required assistance they were supported in a relaxed, kind and unhurried way.

Staff support: induction, training, skills and experience

- New staff completed an induction programme which included a period of shadowing a more experienced member of staff, learning about key documents and the completion of essential training. Staff were allocated a 'mentor' who was an experienced member of staff that supported them to complete the induction programme during their first few weeks of employment.
- Staff had received training in relevant subjects and told us they felt equipped for their role. The provider employed a full-time training manager who took responsibility for arranging all the training and delivering some face to face training. One staff member said, "We get loads of training and it is really good. The trainer organises it so there are different times and days we can do training, to fit in with our lives, she is really supportive."

- The training manager and registered manager had recently engaged with external health professionals to deliver additional training in specific areas. For example, some staff had recently completed pressure injury awareness training with a community nurse.
- Staff had received regular sessions of supervision, which they told us they found useful. Supervisions were provided as individual meetings and in groups, such as training and development sessions within team meetings. These provided an opportunity for the management team to meet with staff, discuss their training needs, identify any concerns, and offer support.
- Staff told us they felt supported in their roles by the management team. They acknowledged there had been a number of recent changes which meant they had to develop and change their practice. However, most staff we spoke with told us they felt supported. One staff member said, "The changes have been difficult at times, but I can see the bigger picture and know it is going to be great."

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 remained the same. 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

- Feedback from people reflected they felt that the staff were caring. People described the staff as being friendly and kind. People's comments included, "The staff are fantastic, and I love all of them", "They [staff] are very good, they are all kind" and "The staff are kind and respectful and I can have a laugh and joke with them." A relative told us, "The staff are super; very caring and they make a fuss of [person]." Another relative said, "They know mum well and she really likes it. She is safe and well cared for and that is what matters."
- We observed positive interactions between people and staff. For example, staff supported people in a kind and gentle way, spoke to them respectfully, gave people choices and gained their consent before providing support. Care staff demonstrated that they knew people well.
- Staff spoke fondly of the people they cared for and were positive about their job. A staff member said, "I feel we work well with residents and care about them." Another staff member told us, "I love my job, I treat people how I would want one of my loved ones to be treated."
- The staff recognised people's diverse needs and were able to describe these to us. There was a policy in place that highlighted the importance of treating people equally.

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

- We observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked people where they would like to sit.
- People were given the opportunity to express their views, both on a one to one basis with staff, or the registered manager and during resident's meetings. Resident's meeting minutes confirmed that discussions were held with people about the day to day running of the home. These demonstrated that people were involved in making decisions about the environment, food and activities.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. A person said, "I am very well looked after, the staff are respectful."
- Throughout the inspection we saw that staff took steps to protect people's privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly, about any personal care if they were in a communal area. We observed one staff member knock on a person's door and say, "It's only [name] can I come in?" before entering the person's room.
- Staff described how they acted to protect people's dignity and privacy when supporting them with personal care which included knocking on bedroom doors and ensuring people were covered up.
- People told us they were supported to maintain their independence as much as possible in their daily

routines.

- People's care plans contained information for staff about the level of support they required and their abilities.

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.

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

- Although care plans were in place, there were inconsistencies in the amount of person-centred information that was recorded. Some people's care plans contained information that captured their preferences, such as, '[Person] prefers to have a shower once a week' and '[Person] does everything very slowly so staff need to be patient until she has finished her preferred routine,' while others were more task focussed. This meant important information about people was not always provided. We discussed this with the registered manager who told us they had identified the need for improvement and the care plans we viewed with the additional person-centred information within them, were the ones that staff had been developing. Nonetheless, they continued to require further development to meet with best practice.
- Care plans were reviewed monthly but did not ensure the plan continued to accurately capture people's needs. Care plans contained inconsistent information, which had not been identified or corrected when reviews had been completed. For example, one person's care plan described that they were 'fully continent' and then in another part described how at times they were 'incontinent.' In another part of their care plan it described their skin care needs, in relation to medical intervention that was being provided by the qualified nurses at the service. It was unclear if the information was historic or reflected their current needs. We discussed this with the registered manager who told us they would discuss this with staff who were responsible for completing care plan reviews and ensure information was consistent.
- There was a lack of evidence in people's care plans to demonstrate they or their families had been involved in reviews of their care. People and relatives had mixed views on their involvement in care planning and reviews. One person said, "I am fully involved in the care plan." However, another person told us, "I haven't been involved in any reviews [of my care]."
- People's protected characteristics such as their cultural needs, sexuality and personal preferences had not always been captured within people's care files. Information about people's life history was recorded in their care plans, however this contained limited detail and required further information to ensure that people's protected characteristics and individual wishes were captured. The registered manager gave us assurances that this information was being added as part of the on-going improvement of people's care plans.
- There was a consistent staff team at the home. Care staff told us they knew people well and demonstrated they had a good understanding of people's family history, individual personality, interests and preferences. This enabled them to engage effectively with people.
- People told us their choices were respected by staff. A person said, "If I want a bath I only have to ask and the girls will arrange it for me." Another person told us, "I can choose when I get up and go to bed, no one minds."

End of life care and support

- At the time of the inspection, no one living at Alverstoke House was receiving end of life care.
- Individual end of life care plans had been developed for people, however these contained limited person-centred information and information was mainly of a clinical nature. For example, for one person it was noted, 'personal beliefs and stated wishes are respected' however did not include detailed wishes in relation to how the person wanted to be cared for when approaching the end of their life.
- The registered manager was able to provide us with assurances that people would be supported to receive good effective end of life care to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care.

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's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Staff knew how to communicate with people to understand their wishes. For example, we observed staff talking to people at their eye level, explaining things to them again and waiting for them to respond at their own pace.
- The registered manager was aware of the Accessible Information Standard (AIS). Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and were confident action would be taken in a timely way.
- The registered manager had put in place a clear procedure to manage and deal with complaints and we saw this was followed. Information about how to make a complaint was displayed clearly in the reception area of the service and was made available to people and relatives.
- The service had received two formal complaints since the previous inspection. The registered manager was able to demonstrate that these were taken seriously, investigated and action had been taken in a timely way.
- Any complaints or concerns received by the service were regularly reviewed and audited so the service could identify and act on any recurring themes.

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

- The provider employed activities coordinators who provided a variety of activities in the home. Activities included, music, exercises, cooking sessions, arts and crafts, games and reminiscence. Additionally, dance performers, animals and children and toddler sessions were arranged where local children visited the home to allow intergenerational interaction.
- People reported enjoying the activities provided and during the inspection we saw that activities were well received by people. On day two of the inspection we saw a bagpipe player was providing entertainment to people to celebrate 'Burns night'. People's comments included, "I don't get bored" and "These is a lot for us to do."
- For people who were unable to take part in group activities the activities coordinators would visit them in their rooms and provide them with one to one interaction, including reading to them or providing them with hand massages or manicures.

- Staff were knowledgeable about people's right to choose the types of activities they liked to do and respected their choice. Activities were discussed during the resident's meetings to give people the opportunity to comment on past activities and share ideas about things they could do in the future.
- People were supported to maintain important relationships. Relatives were welcomed at any time.

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 Requires improvement. At this inspection this key question has remained the same. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we identified the provider had failed to effectively assess, monitor and improve the quality and safety of services. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements have not been made and the provider is still in breach of regulation 17.

- At the time of the inspection the registered manager had been employed by Alverstoke House since September 2019 and registered with the Care Quality Commission in December 2019. Since their appointment to the home they had audited aspects of the service and had an action plan in place to address their findings. However, issues they had identified and highlighted had not always been actioned effectively.
- There was not a culture of continuous improvement or understanding of quality performance evident in the service. For example, failures in record keeping had been highlighted but nursing staff were not maintaining oversight of this.
- We found reoccurring concerns had been noted within infection control audits, yet actions taken by the registered manager and provider in relation to these had failed to mitigate this in a timely way. This was discussed with the registered manager and provider on day one of the inspection. By day two of the inspection, the provider and registered manager informed us that action had now been taken that fully addressed these concerns.
- Concerns were identified at the inspection in relation to the management of medicines. We saw that some of these concerns had been identified by the registered manager and discussed in a previous staff meeting. However, from our findings it was clear the registered manager had not succeeded in embedding the changes they had identified. Furthermore, other concerns we identified in relation to medicines management had not been identified by the management team or nursing staff within the service.
- Concerns were identified at the inspection in relation to people being at risk of not receiving appropriate healthcare, due to the lack of guidance provided to staff within people's care records and inappropriate wound care. Wound care concerns were identified prior to the inspection by the registered manager who

took immediate action to rectify this issue. However, we found gaps in people's records to demonstrate that wound care was provided as needed.

- The issues we found were discussed with the registered manager and provider who acknowledged the shortfalls in these areas and agreed to review and update the current documentation and processes.
- The management structure consisted of the provider, a registered manager, a deputy manager and nurses. Some of the management team, including nurses, were not clear about their responsibilities in relation to quality performance, risks or regulatory requirements. For example, nurses did not effectively manage medicines or keep clear detailed records of healthcare input required or provided.

This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager felt well supported by the wider management team.
- Policies and procedures were in place to aid the running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.
- People and their relatives felt the service was well led. A person told us, "I wouldn't change anything." Another person said, "I am very well looked after and quite satisfied with everything."
- People and relatives were confident about raising any issues or concerns with the management team. Comments included, "If I wasn't happy I would talk to [name of registered manager] she is lovely", "I would talk to the [name of the provider] if I had a complaint" and "I would talk to the nurses they do listen."
- Most staff were positive about the registered manager and described positive changes they had made in the running of the service. Staff also told us they felt valued by the management team. Comments included, "I love it here, we are going through some changes, but it is good. [Name of registered manager] really knows what she is doing", "We still have a lot to do but I think we are getting there", "It is a great place to work and the provider knows us all and says hello, it makes you feel valued", "We are a good team, we pull together and work well together. There is a good atmosphere here, I wouldn't stay if I didn't enjoy it" and "Since [name of registered manager] came it's been great, as I feel valued and I feel supported."
- A healthcare professional said, "[Registered manager] wants to address the issues and make them better." Another healthcare professional told us, "Care staff are actually good and want to learn but the nurses are resistant."

At our last inspection we identified the provider had failed to notify CQC of incidents which occur whilst services are being provided was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4). At this inspection we found the service was no longer in breach of this regulation.

- The registered manager understood their regulatory responsibilities and were proactive in the way they notified and kept us, and other agencies informed of events within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had commenced regular staff meetings. Meetings were used to provide information, such as planned improvements to the service, training, learning opportunities and sharing information about on-going practice developments. Minutes were kept and showed that where issues were identified or there was need for further improvements, actions required were detailed and addressed by the registered manager.
- The provider and registered manager consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and resident and relative meetings.
- Feedback surveys were given out to people, relatives and health and social care professionals. Following

feedback action plans were developed.

- A monthly newsletter was in place which helped to ensure that people were kept up to date with changes in the home and upcoming activities and events.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision and understanding of what was required at the service to improve care. However, ideas and actions had not yet been embedded in practice.
- The registered manager and provider were working closely with health and social care professionals to improve the running of the service and the quality of the care provided.
- Staff performance was being closely monitored by the registered manager who had implemented a staff competency check for all nursing staff, following recent issues. The outcomes of these were recorded and shared with staff.
- All learning was shared with staff during staff meetings, handovers and supervision.

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the registered manager who was able to demonstrate they fully understood this, and it was followed when required.
- The previous performance rating was displayed in the reception area of the home.
- The registered manager was open and honest throughout the inspection and discussed the challenges they faced within their role and shortfalls they had identified prior to the inspection. It was clear that they were working hard to address these issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure people were not deprived of their liberty, for the purposes of receiving care or treatment, without lawful authority.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. The provider failed to ensure the safe management of medicines. The provider failed to ensure people were provided with safe care and treatment.</p>

The enforcement action we took:

We have issued the provider with a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems to assess, monitor and improve the service.</p>

The enforcement action we took:

We have issued the provider with a Warning Notice