

Alison House Care Home Limited

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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?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

This inspection took place on 14 April 2016 and was unannounced.

The service was registered to provide accommodation and personal care for up to 29 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 26 people were using the service.

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.

At the last inspection in September 2013, the service was meeting all of the outcomes we inspected against.

Medicines were not always managed safely and correctly though records showed that people received their medicines as prescribed.

People's mental capacity to make their own decisions had not been assessed when required and the registered manager was not clear about which people had appointed attorneys to make decisions on their behalf under the Mental Capacity Act 2005 (MCA). This meant that the service could not be sure they were acting in accordance with the MCA.

People felt safe and staff knew how to protect people from avoidable harm and abuse. People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

There were enough staff to meet people's needs. People told us and we saw that requests for support were responded to promptly by staff who had been checked to ensure they were suitable to work with the people who used the service. Staff were suitably trained to meet people's needs and were supported and supervised to help them deliver effective care.

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met. People's health was monitored and access to healthcare professionals was arranged when required.

People were treated with kindness and compassion and they were happy with the care they received. People were encouraged to make choices about their care and their privacy and dignity was respected.

People had support to meet their individual needs and preferences and they were provided with opportunities to participate in activities that interested them. Care plans were detailed and personal so that

staff had the information they needed to be able to provide support to meet needs and requirements.

People knew how to complain and complaints were dealt with in line with the provider's procedure. People and their relatives were encouraged to give feedback on the care provided. The registered manager and provider responded to feedback and changes were made to improve the quality of the service provided.

The registered manager understood the conditions of registration with us. We saw that systems were in place to monitor quality and that the registered manager analysed information and took actions to make improvements when required. There was a positive and homely atmosphere at the service and people felt the registered manager was approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were not always managed safely and correctly though records showed that people received their medicines as prescribed. Staff knew how to protect people from avoidable harm and abuse and people's risks were assessed and monitored. There were enough staff to safely meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's mental capacity to make their own decisions had not been assessed when required which meant the service could not be sure they were acting in accordance with the Mental Capacity Act (2005). People had support to eat and drink enough to maintain a healthy diet. Access to healthcare professionals was arranged when needed. Staff had the knowledge and skills to support people effectively.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff who knew them well. People were encouraged to make choices about their care and treatment. People's privacy was respected, staff encouraged independence and provided care in a dignified way.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs and they were given opportunities to participate in activities that interested them. People's care plans included their preferences and life history information so staff had access to information to help them provide a personalised service. People knew how to complain and complaints were dealt with in line with the provider's complaints procedure.

Is the service well-led?

Good 

The service was well-led.

People, relatives and staff felt supported by the registered manager and there was an open culture where people were encouraged to give feedback on the care. Quality monitoring systems were in place which were effective in ensuring that issues were identified and were acted upon to improve the quality of the service. The conditions of registration with us were met.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 April 2016 and was unannounced.

The inspection team consisted of two inspectors.

We looked at the information we held about the service. This included looking at notifications. A notification is information about important events which the provider is required to send us by law. We also looked at information we had received from the local authority and commissioners of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information in the PIR completed by the provider to help plan our inspection.

We spoke with four people who used the service and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five members of care staff, two visiting professionals, the registered manager and the provider.

We looked at three people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, three

staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

Is the service safe?

Our findings

We found that people's medicines were administered so that they received them as prescribed, however we observed some practices which meant that medicines were not always managed safely and correctly. We observed staff handling and administering medicines without wearing gloves. We saw that the staff member broke a number of people's tablets in half without wearing gloves and without washing their hands in between. This meant there was a risk of potential unsafe contamination from other medicines administered. We saw that staff did not always effectively ensure that people had swallowed their medicines before signing records to say they had taken their medicines. One person spat out their tablets and put them on their knee. Another staff member alerted the staff member administering medicines who picked up the tablets without wearing gloves and placed them on top of the drugs trolley to dispose of later. We observed that the drugs trolley was left unlocked and unsupervised for very short periods of time on a number of occasions which meant there was a risk that people could access the drugs trolley without authorisation.

Some people were prescribed 'as required' medicines. There were no specific protocols in place for these people so that staff were guided on when to administer these medicines. One person was prescribed a medicine to treat anxiety 'as required'. We asked the staff member responsible for administering medicines whether there was any guidance in place for administering the medicine to the person. They said, "No, we just know when it needs to be given. They have been assessed by the Community Psychiatric nurse." This meant that there was a risk that people could receive too much or too little of their prescribed medicines. We spoke with the registered manager who showed us that they were working with the doctor on implementing protocols for each person who was prescribed 'as required' medicines and this work was almost complete.

People felt safe and relatives were confident their family members were safe. One relative said, "Safety is key and I am confident my relative is safe here." Staff knew how to protect people from avoidable harm and abuse. They were able to explain the types of abuse that may occur and how they would recognise signs that may give cause for concern. Staff were able to explain how they would report concerns to ensure that necessary investigations were completed. One staff member said, "I would report to the senior on duty." We spoke with the registered manager who had a good understanding of local safeguarding adult's procedures. We saw that concerns had been reported to the local authority when required, in line with local procedures and we saw that suitable plans were in place to protect people from harm and abuse when required.

People's risks were assessed and monitored to keep them safe whilst supporting their independence. Individual assessments were completed for each person when a risk was identified and plans were put in place to minimise these risks. We saw that one person was at risk of damage to their skin and they had a specific risk assessment and plan in place to manage the risk, which gave staff clear guidance to follow. We spoke with staff who described how they managed the risk and this matched what was written in the plan. We saw that health professionals had been involved in creating the plan to ensure it was safe and robust. We observed throughout the day that the person utilised the specialist equipment referred to in the risk management plan and that staff checked on them and encouraged them to change position as outlined in their risk management plan.

There were enough staff to meet the needs of the people who used the service. A relative said, "There's enough staff and they are lovely. The level of care is excellent." We saw that people's needs were met and call alarms were responded to in a timely manner. The registered manager told us and we saw that they regularly assessed the level of needs of people who used the service and this informed the number of staff on duty. The provider told us that staffing was determined based on the needs of people who used the service and that discussions took place regularly between the registered manager and provider to review staffing levels. The registered manager said that the provider was responsive to requests for additional staff if and when required.

Staff told us and we saw that safe recruitment practices were followed. This included references and Disclosure and Barring Service (DBS) checks to make sure that staff were safe and suitable to work at the home. The DBS is a national agency that keeps records of criminal convictions.

Is the service effective?

Our findings

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. We saw that people were asked for their consent before they were supported by staff and when they were able to, they were encouraged to make their own decisions and had signed specific consent forms in relation to their care. However, when there was doubt about whether people were able to make their own specific decisions, assessments of their mental capacity were not always completed. Some staff we spoke with did not understand the relevant requirements of the MCA. This meant the service could not be sure they were acting within the principles of the MCA to ensure that people's legal and human rights were respected.

The registered manager completed the Provider Information Return (PIR) before the inspection and this stated that four people who used the service had people appointed to make decisions on their behalf under the MCA. However, the registered manager had not requested documentation to evidence that those powers were true and valid. This meant they could not be sure that people were being supported to make decisions in line with the MCA. The registered manager had identified a need to gain a better understanding of the MCA and had booked to attend a more in depth training course in this area. They had also sought guidance and support from the local authority in completing assessments of people's mental capacity.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and saw that applications for DoLS authorisations had been completed when required.

People told us and we saw that they enjoyed the food at the home. People said, "The food is lovely" and "The food is always nice." We saw that people were offered choices of food at meal times and there was a menu up on the wall which included pictures to support people in making choices. People were offered a choice of where to sit and eat their meals, some chose to sit at the dining table and others chose to eat in the lounges. People told us and we saw they were regularly offered and provided with a choice of hot and cold drinks. When people needed support to eat, we saw that staff sat down with people and spent time chatting and encouraging them to eat an adequate amount. Soft and pureed diets were presented nicely to ensure they looked appetising. We saw records that showed that people's nutrition was assessed and where there were concerns, district nurses were consulted. Some people were prescribed nutritional supplements and we saw they got these as prescribed.

People were supported to maintain good health and had access to healthcare professionals when they needed them. A relative said, "They're very good, any signs that [Person who used the service] is not right and they get the doctor in." A visiting healthcare professional told us, ""They ask for advice and direction and they follow it." People's records showed that they had access to a range of healthcare professionals including GP, district nurses, physiotherapists and community psychiatric nurses.

Staff told us and records showed they had completed training to help equip them with the skills and knowledge to support people effectively. A relative said, "I think they are trained well, I used to be a carer and you can tell they are all really good at what they do." Staff were able to demonstrate how training had helped them to better support the people who used the service. One staff member said, "I've done a training course on dementia, it makes you think about how you communicate with people. Some people like to have things written down." Staff were supported to carry out their roles effectively. They told us and records showed they had regular supervision. We saw that supervisions gave staff the opportunity to discuss their own training and development needs as well as the needs of the people who used the service and discussions took place about important topics such as safeguarding adults. A staff member told us, "We have regular supervision and appraisals, it's useful."

Is the service caring?

Our findings

People told us and we saw that staff treated them with kindness and compassion. People's comments included, "Staff are lovely, I like it here" and "Staff are lovely, I'm very happy here, no problems at all". We saw that staff were caring towards people. For example, a staff member noticed that a person was grimacing and trying to adjust their shoes. The staff member attempted to help them and said, "Aren't your shoes comfortable, would you like me to go and get your slippers?" The person allowed the staff member to support them to loosen their shoes and then smiled and said, "You are good." Staff we spoke with were enthusiastic about their role and they told us they were committed to providing a caring service to people. One staff member said, "I like working with the people who live here, getting to know them and looking after them."

Staff knew people well and we observed a friendly and homely atmosphere. A relative said, "The staff are great. They know my relative well and they even recognise me when I visit." Another relative said, "It's a homely place. My relative is happy here. She has a laugh with all the staff." We heard people and staff chatting about things they liked and we heard them laughing together. Staff showed concern for people's wellbeing and responded to their needs. For example, we saw that one person had fallen to sleep in their chair and was sliding down the chair, looking uncomfortable. A staff member quickly attended to the person, they gently woke them and said in a quiet voice, "Are you going to sit up for me otherwise you're going to fall. That's better." The person thanked them.

People and their representatives were involved in choices and decisions about their care. We observed that people were offered choices of where to sit, what to eat and how to spend their time. A relative said, "I see them encouraging people to make choices, they really try." Staff told us they always made sure that people were given choices and they were aware of people's preferences. One staff member said, "I always help people to make their own choices. We have pictures available to help people if they need it. For example, when choosing their dinner." We saw that pictorial menus were available and that staff used these to aid effective communication with people.

People told us and we saw that their dignity and independence was respected and promoted. A relative described how their family member needed support with personal care and had always liked to look nice. They said, "[Person who used the service]'s personal hygiene is good. She is always clean and tidy which is important to her." This helped to maintain the person's dignity. A staff member said, "We always respect people's dignity. We make sure we meet their needs in the way that they wish." People's independence was promoted. We saw that staff discreetly observed residents with walking frames to ensure they were safe whilst promoting their independence and dignity.

Is the service responsive?

Our findings

People told us they were offered the opportunity to take part in activities that interested them. One person said, "I like it when we play bingo because I always win." Another person said, "They always do something when it's someone's birthday, Christmas or Easter, there's always an event, it's just lovely." A relative said, "There's plenty going on, they made Easter hats recently." Another relative told us that one of the main reasons they chose the service for their family member was because they were impressed with the variety of activities available. A visiting professional told us that they often observed various activities taking place including colouring, painting and games. We observed a game of bingo taking place and saw that people chose to take part and people who needed support to take part were given the support they needed. The registered manager told us a number of trips were being planned now that the weather was getting better. They told us that a number of residents were enabled and supported to go out shopping with a staff member when they needed support to do this. One person expressed a wish to go to the local museum and they were supported to do this.

People told us and we saw that they received personalised care to meet their needs and could spend their time how they chose. A relative said, "[Person who used the service] chooses to stay up in the evening and has a cup of tea and a biscuit." We saw that some people chose to spend time in their bedrooms and staff respected this whilst still providing the support they required. Others chose to spend time in either of the two communal lounges. We saw that people were asked whether they would like to watch television or listen to music, or sit in a more quiet area.

People and their relatives were involved in the planning and review of their care. A relative said, "I was involved in helping to write my relative's care plan. They always include me and keep me up to date." We saw in people's records that they were involved in developing their care plans and their relatives were asked for information when people were unable to do this. Regular reviews of care plans were completed and changes were made as required to ensure people received care that met their needs and preferences.

Care records contained detailed information about people's care preferences and life histories which meant staff had access to the information they needed to provide personalised care and meet individual needs. Staff told us they had read care plans and used the information to help them support people. For example, it was documented that one person liked to wear certain clothes that they felt comfortable in and we saw they were wearing these. People had been asked how they liked to spend their time during the day and we saw that these preferences were supported. Another person liked to use a cup and saucer for their hot drinks and we saw they were provided with this.

People and relatives told us they knew how to complain if they needed to and they would feel able to do this if required. One relative said, "I've never had any concerns but if I did I would go to the office and see the girls, I know they would respond." There was a complaints procedure in place and we saw that one complaint had been received and had been dealt with by the registered manager and provider in line with the providers own policy. Records showed that regular residents meetings were held and that feedback was encouraged and responded to. We saw that some residents raised an issue that their clothes were causing

itchiness. The registered manager arranged with the laundry staff that a new washing powder be trialled to try and resolve the issue.

Is the service well-led?

Our findings

People and relatives had confidence in the registered manager. One relative said, "We see the manager around a lot, she is approachable." We saw that the registered manager was well known to people who used the service and knew their needs and preferences. They spent time chatting with people about things they liked and supporting people alongside care staff when required. The registered manager's office was situated near the lounges and they were able to see people and staff whilst at their desk. We observed that their office door was always open so they could hear what was happening and staff regularly approached the office for support and advice.

The registered manager understood their responsibilities of registration with us and was supported by the provider at regular meetings. We were notified of significant events in line with registration requirements. The manager felt supported by the provider to deliver a quality service. We saw the provider talking with people who used the service and staff. The provider told us they visited the home regularly. This was confirmed by staff.

Staff felt supported by the registered manager and provider and we observed a positive, open culture. There was a calm and relaxed atmosphere and staff told us they enjoyed their work. One staff member said, "This is a really good home, lots of the staff have been here a long time because they're happy which gives consistency to the people who live here." Another staff member said, "The manager and provider are good. If we ask for something, we get it. They make sure all the staff have the correct training and support." Staff knew about and understood whistleblowing procedures and said they would feel confident to use these procedures if required.

Quality checks were completed by the registered manager. These included audits of falls, infection control, environment and medicines. We saw that these were effective and where concerns were identified, action was taken to improve quality. For example, an environment audit identified that one person said that their bedroom was too warm. The registered manager adjusted the thermostat accordingly. We saw that a falls trend analysis was completed monthly and some people now had sensor mats in place to reduce their risk of falls.

People and staff were encouraged and felt included in the development of the service. Records showed that regular meetings for people who used the service and staff meetings were held and quality questionnaires were also sent out to people, relatives and staff every two months. The results of these were reviewed by the registered manager and provider and actions taken when required. Some of the care staff had raised an issue about the role of the kitchen staff so the registered manager arranged meetings with both sets of staff to resolve the issues. Staff told us that this had worked to resolve the issues. A relative raised an issue that their family member's food preferences were not being catered for by the menus on offer. Records showed that the registered manager discussed this issue with the person and ensured their preferences were documented and catered for. This showed that the service sought feedback and acted upon this to ensure continuous improvement in the quality of service provided.

