Alison House Care Home Limited

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Inspection report

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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

This inspection was unannounced and took place on 9 June 2017.

Alison House provides accommodation and personal care for up to 29 older people. On the day of the inspection 22 people were living there.

The home had a registered manager who was present on the day of the inspection. 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.

People felt safe living in the home and staff knew how to safeguard them from the risk of potential abuse. People were protected from the risk of harm because staff were aware of how to maintain their safety. People were cared for by sufficient numbers of staff who had been recruited safely. Medicines were managed appropriately to ensure people received their prescribed treatment.

People were cared for by skilled staff who were supported in their role by the registered manager. People could be confident that their human rights would be protected because staff had included the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their care practice. People were supported to eat and drink sufficient amounts to promote their health. People had access to relevant healthcare services when needed.

People were supported by staff who were caring and attentive to their needs. People were encouraged to be involved in their care planning to ensure they received care that reflected their preferences. People's right to privacy and dignity was promoted by staff.

People were involved in their care assessment and were supported by staff to pursue their interests. People's complaints were listened to and acted on.

People were encouraged to have a say in how the home was run. People and staff were aware of the management team and felt supported by them. The registered manager was supported in their role by the registered provider to ensure people received a safe and effective service. Systems were in place to monitor the quality of service provided to people.

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.

People felt safe living in the home and staff were aware of their responsibility of safeguarding them from potential abuse. The risk of harm to people was reduced because staff knew how to keep them safe. People were supported by staff to take their medicines as prescribed. People were cared for by sufficient numbers of staff who were safely recruited.

Is the service effective?

Good

The service was effective.

People were cared for by skilled staff who were supported in their role by the registered manager. Staff had included the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their work practice to promote people's human rights. People were supported to eat and drink sufficient amounts. People were assisted to access relevant healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were cared for and supported by staff who were caring and sympathetic to their needs. People were encouraged to be involved in planning their care. People could be confident that staff would respect their right to privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in their care assessment and reviews. People were supported by staff to pursue their interests. People could be confident their concerns would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People were encouraged to have a say in how the home was run and they felt supported by the registered manager. The provider had systems in place to monitor the quality of service provided to people.

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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 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 9 June 2017 and was unannounced. The inspection team comprised of one inspector.

Before the inspection, the provider completed 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.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

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.

At the inspection we spoke with two people who used the service, two care staff, the registered manager and the registered provider. We looked at one care plan and a risk assessment, medication administration records, accident reports and records relating to quality audits.

Good

Is the service safe?

Our findings

At our previous inspection in April 2016, we found that improvements were needed to ensure the safe management of medicines. At this inspection we saw that the provider had taken action to improve medicine practices. For example, staff now had access to a written protocol about how to safely manage 'when required' medicines. 'When required' medicines are prescribed to be given only when needed. For example, medicines prescribed for pain relief. The staff we spoke with were aware of how and when to administer these medicines.

People were supported by staff to take their medicines as prescribed. One person said, "The staff manage my tablets and I get them when I need them." We observed a staff member assist people to take their medicine. We saw that people were given their medicines and offered a glass of water to take them. The medication administration record was signed when staff were confident that the person had taken their medicines.

The registered manager informed us that staff who were responsible for the management of medicines had received training and staff confirmed this. Access to medicine training ensured staff had the skills to support people to take their medicines safely. The registered manager informed us that competency assessments were carried out, staff confirmed this and we saw evidence of these assessments. These assessments reviewed staff's medication practices and identified where further training may be needed.

People told us they felt safe living in the home. One person said, "I feel safe here because the staff are very good." Another person told us, "I feel very safe here because it's just like being at home and I can do what I like." The staff we spoke with knew how to recognise the signs of abuse and confirmed they would share their concerns with the registered manager. Staff were also aware of other external agencies they could share their concerns with. Discussions with the registered manager confirmed their awareness of when to share information about potential abuse with the local authority to safeguard people from further harm.

People's risk was managed to safeguard them from harm. Staff were aware of the level of support the individual required to reduce the risk of harm. For example, some people required support with their mobility. A staff member told us about a person whose ability to walk varied each day. They told us, "We make the judgement whether the person requires lifting equipment to reduce the risk of them falling." Staff told us they had access to risk assessments. These assessments supported staff's understanding about how to reduce the risk of harm to people. For example, risk assessments informed staff about the support the individual required to mobilise safely. Risk assessments also informed staff about equipment required to help people to mobilise safely. For example, the use of a hoist and walking equipment. A staff member informed us about a person who required support with their behaviour. To reduce the risk of harm to the person and others consideration had been given regarding seating arrangements during mealtimes. This maintained people's safety and also ensured the person was not isolated because of their behaviour.

We looked at how the provider managed accidents. The registered manager said all accidents were recorded and we saw evidence of this. This enabled the provider to monitor the frequency and the nature of

accidents and to identify any trends. The registered manager told us they had identified that one person had sustained a number of falls. The person was referred to a physiotherapist to obtain advice about how to reduce further falls and injuries. For example, a mattress was placed on the floor by the person's bed. This reduced the risk of injury if they fell out of bed. A sensor mat was placed in the person's bedroom. This alerted staff when the person required support. The registered manager also confirmed that more frequent checks were carried out to ensure the person's safety. This demonstrated that the provider took relevant action to reduce the risk of accidents.

People were cared for by sufficient numbers of staff. One person said, "There are always enough staff around." Another person told us, "I was feeling unwell the other night and used my buzzer [nurse call alarm] and the staff came straight away." They said, "Staff are always available." The staff we spoke with told us there were always enough staff on duty to meet people's needs. The registered manager said staffing levels were determined by people's needs and this was frequently reviewed. We saw that staff were available at all times to assist people when needed.

People could be confident that staff were suitable to work in the home because the provider's recruitment procedure ensured safety checks were carried out. The registered manager said staff had a Disclosure Barring Service [DBS] check before they started to work at the home and staff confirmed this. DBS checks assist the provider to make safe recruitment decisions. The staff we spoke with also confirmed that references were requested before they commenced employment. This demonstrated that the provider's recruitment practices were safe.

Good

Is the service effective?

Our findings

People were cared for and supported by skilled staff. One person said, "The staff seem to know what they are doing." The registered manager told us that staff had access to training to develop their skills and staff confirmed this. One staff member said, "I have the opportunity to undertake training to enhance my skills." The registered manager told us they observed staff's care practices to ensure the skills learnt were put into practice. This ensured people received the appropriate care.

The registered manager informed us that staff were provided with one to one [supervision] sessions and staff confirmed this. One staff member said, "During my supervision session we discuss my work performance and my training needs." We spoke with another staff member who said, "During my supervision we talk about changes to people's needs and where additional support may be required." This meant staff were supported in their role to provide a safe and effective service.

People could be confident that new staff would have the knowledge and skills to care for them. We looked at how the provider supported new staff. The staff we spoke with confirmed they had an induction. Induction is a process of supporting new staff and to develop their skills with regards to their roles and responsibilities. One staff member told us that during their induction they worked alongside an experienced care staff until they felt confident to work alone. They said, "My induction refreshed my knowledge about how to support and care for people." Another staff member told us, "I had never done this kind of work before so my induction was invaluable."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We spoke with two people who told us they were able to make their own decision about their care and staff listened to them. They told us that staff also obtained their consent before they provided them with care and support.

We found that staff had a good understanding of MCA. Discussions with staff members confirmed their understanding of the importance of supporting people to make their own decisions and to ask for their consent before providing care and support. A staff member said, "A number of people do not have capacity to make decisions but we are able to recognise their preference through their body language and facial expression." They told us that pictorial menus were in place to assist people to make decisions about what they wanted. They continued to say, "I always show the person two lots of clothing so they can point at what they want to wear." This demonstrated that staff had adopted the principles of MCA in their care practice to promote people's human rights.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager said there were five authorised DoLS in place and they were awaiting authorisation for a further eleven. These people lacked capacity to make a decision and required constant supervision to ensure they received the appropriate care and support. The registered manager informed us that a mental capacity assessment had been carried out before the DoLS application had been submitted to the local authority for authorisation and we saw these assessments. This assessment determined whether the individual had capacity to make a decision and to determine whether the DoLS application was appropriate. Discussions with people and staff confirmed that the least restrictive measures were taken when people were deprived of their liberty. For example, one person told us they were able to go out when they wanted to with staff's support. A staff member told us, "[Person] enjoys going to the local shops and we go with them to ensure their safety."

At our previous inspection we identified that a number of people had been appointed to make decisions for people who used the service relating to legal and financial matters. However, the provider was unable to provide evidence that these people had legal power of attorney to act on people's behalf. At this inspection we found that the provider had taken action to obtain legal documentation to evidence people had power of attorney to act on people's behalf.

Discussions with the registered manager confirmed there were no best interests decisions in place. Best interests decisions are made when a person lacks capacity to make a decision. A decision is therefore made by relevant people on the person's behalf. For example to receive medical treatment. The registered manager was aware of when a best interest decision should be considered.

People were supported by staff to eat and drink sufficient amounts to promote their health. One person said, "The food is alright and staff always ask me what I would like." They told us that staff asked about their meal preference the day before. However, they said, "You can always change your mind on the day, they are very obliging." We found that a number of people required a special diet due to their health condition or where concerns had been identified about their weight. The staff we spoke with were aware of suitable meals for individuals. For example, a staff member told us about a person who was at risk of choking. They informed us that the person was provided with soft foods to reduce the risk of them choking.

A staff member told us where concerns were identified about how much a person ate and drank; this information would be shared with the GP. A referral would be made to a speech and language therapist or a dietician. These professionals provided the person and staff with advice and support about suitable meals. For example, we saw where a dietician had advised for some people to have supplements [high calorie] drinks where they had concerns about their weight loss. We observed staff encourage people to have these drinks.

We observed that staff were available at mealtimes to offer people support when needed. Staff were aware of people's likes and dislikes. For example, we heard one staff member say to one person, "I know you don't like fruit and cream. What else would you like?" We heard one person say they had enough to eat and didn't want a pudding and they returned to the lounge. The person later changed their mind and a staff member sat and chatted with them whilst they ate their pudding in the lounge. People told us that a drinks trolley went around the home at certain times during the day and we saw this. However, they confirmed they were able to have a drink at any time.

People were supported by staff to access relevant healthcare services when needed. One person told us they visited the dentist with support from staff. Another person had a health condition and was visited by a district nurse daily to administer their treatment and we saw the nurse visiting on the day of our inspection.

A staff member told us that people were supported to attend their medical appointments. On the day of the inspection a staff member had assisted a person to hospital for a medical procedure. This meant people were supported to access healthcare services to promote their physical and mental health.

Good

Is the service caring?

Our findings

People were cared for by staff who were caring and sympathetic to their needs. One person said, "The staff are good, they are marvellous." Another person told us, "The staff team are a good lot." They continued to say, "You can always approach staff and they will always help you." We observed that staff were caring and took the time to sit and talk with people and showed an interest in what they had to say. We heard a staff member say to a person, "You look a bit fed up." They sat with the person and chatted with them and offered them reassurance. This demonstrated that staff cared about people's wellbeing.

People were involved in making decisions about their care. One person told us they had recently moved into the home. They informed us that staff asked them about the care and support they required. They said they were fairly independent and told us, "I sometimes need help to get in the shower and staff will help me." The people we spoke with confirmed they were involved in planning their care. Staff informed us that some people lacked capacity to be involved in planning their care. However, where appropriate their family would be involved. Staff told us they had access to care plans that provided information relating to the care and support the individual required. We looked at one care plan that provided information relating to what the person told us. For example, the person told us they liked staff to check on them during the night time. This information was included in their care plan. The person told us they were able to tell staff when they needed to see a GP or other healthcare professionals. We also found that this information was contained within their care plan. This meant staff had access to relevant information about how to meet people's specific needs.

The registered manager said people had access to an advocacy service when needed and one person was currently using this service. Advocacy is a process of supporting and enabling people to express their views and concerns. Advocates also support people to access relevant services when needed.

People's right to privacy and dignity was respected by staff. One person said, "The staff always respect my privacy." Another person told us, "The staff always knock on my door before they come in. They are very courteous." Staff demonstrated a good understanding of the importance of respecting people's privacy and dignity. One staff member said, "I always try to be discreet when talking to people about sensitive matters." The registered manager informed us that people were asked if they preferred male or female staff to assist them and their wishes were respected.

People were able to have visitors at any time of the day. One person told us, "My [relative] visits me regularly." They said, "One day I had six visitors turn up and the staff made them all welcome." Staff told us that visitors were always welcome.

Good

Is the service responsive?

Our findings

People were involved in their care assessment and reviews. One person told us that before they moved into the home they were involved in their pre admission assessment. They said they were asked questions about the support they required. We saw evidence of people's involvement in their care assessments. This process ensured people were able to tell staff about their care and support preferences.

People were supported to pursue their preferred pastimes and had access to a range of activities. During the inspection we observed a staff member help a person with their puzzle book. Another staff member engaged a group of people in a game that promoted physical movement to enable people to exercise their limbs. One person told us, "During the day I enjoy reading." Another person told us they preferred to stay in their bedroom to watch television and do their knitting. They said, "I am quite happy here. I do what I like in the day." They told us they enjoyed shopping and staff supported them to do this. A staff member confirmed that people were supported to go out when they wanted to. A staff member told us some people did not what to engage in outdoor activities and their choice was respected. We observed a number of people sat in the comfort of their armchair reading the newspaper and magazines whilst music played in the background.

Discussions with one staff member confirmed efforts were made to celebrate all religious festivals and people had a choice to whether they wish to participate. A staff member informed us that people were also supported to visit their chosen place of worship. We spoke with the registered manager and two staff member about how their promoted equality, diversity and human rights. They confirmed that this had not been fully explored. However, they informed us that every effort would be made to make people feel valued regardless of their sexual orientation, ethnicity or religion.

People were supported to maintain contact with people important to them. People were able to use the phone in the office to contact their family and friends. A staff member told us that one person used to visit the local market before they moved in the home. This person often asked staff to support them to visit the market so they could meet up with their friends and they were assisted to do this.

People felt confident to share their concerns with staff. One person told us they had recently moved into the home. They said if they had any concerns they would share them with the staff or the registered manager. We looked at how the provider managed complaints. We saw that complaints were recorded and showed what action had been taken to resolve them. Records showed that the last complaint received by the provider was in December 2016. We saw that an internal investigation had been carried out and the complainant had been responded to. This showed the provider listened to complaints and acted on them.

Good

Is the service well-led?

Our findings

People were encouraged to have a say in how the home was run. The registered manager said meetings were carried out with people who used the service. We saw evidence of discussions held in these meetings. A staff member told us that one person disliked going out shopping but needed some new clothing. The person mentioned this in a meeting and arrangements were made for a company to visit the home with a range of clothing so they could buy what they wanted. The person was also supported by staff to shop on the internet. Another person had raised concerns about insufficient heating in their bedroom and action had been taken to resolve this. This demonstrated that the provider listened to people and took action to ensure their needs were met.

People and staff were aware of the management team. One staff member told us, "The manager is fantastic, they listen to you and they are supportive." Another staff member said, "The management support is good and the home is run well." The registered manager told us meetings were carried out with the staff team and staff confirmed this. Staff informed us that during these meetings discussions took place regarding any changes to the service. One staff member said they talked about where improvements may be needed to ensure people received a good service.

We looked at systems in place that monitored the quality of the service provided to people. People were provided with a quality assurance questionnaire. This gave them the opportunity to tell the provider about their experience of using the service. We saw that comments received from these questionnaires were positive in relation to the service they received. The registered manager said they routinely sat with people to find out if they were happy with the service they received.

The provider had a system that alerted them when staff required refresher training. This ensured that staff maintained their skills in providing a safe and effective service. The registered manager said they routinely observed medication practices and staff confirmed this. This ensured the safe handling of medicines and that people received their medicines has prescribed. The registered manager said arrangements were in place to introduce various assessments to promote good standards of care. For example, assessments to ensure practices promoted people's right to dignity. The provider had various quality audits in place. These included audits relating to staffing levels, hygiene standards within the kitchen and to ensure the environment was safe.

The registered manager said they were supported in their role by the registered provider and received regular supervision. They said, "Access to supervision helps me to organise myself to run the home more efficiently." They told us they maintained daily contact with the provider to discuss the service and any changes required to improve the service provided to people.

The registered manager said they had access to training to enable them to maintain and develop new skills. They also informed us of their aspiration to encourage people to pursue more outdoor activities and to access leisure services within their community.

Further discussions with the registered manager confirmed their awareness of when to send us a statutory notice in relation to incidents and events that have occurred in the home which they are required to do by law.