Weatherstones House Care Limited

Alfreton Residential Home

Inspection report

6 Reservoir Road
Prenton
Birkenhead
Merseyside
CH42 8LJ

Tel: 01516086863

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09 March 2016

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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

We carried out an unannounced inspection of Alfreton Residential Home on 09 March 2016. Alfreton Residential Home is a detached three-storey house with a large back garden and is situated in Prenton, Birkenhead, Wirral. The home is registered to provide personal care for up to 16 older people and at the time of our visit the service was providing support for 13 people. The home offers single and double accommodation and seven bedrooms are ensuite. On the ground floor there is a communal lounge, two dining areas and a conservatory.

The home required 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. There was a registered manager in post who had been registered since January 2015.

People who lived in the home told us they felt safe and had no worries or concerns. From our observations it was clear that staff cared for the people they supported and knew them well. People's relatives and friends also told us they felt people were safe but also mentioned the low staffing levels. During our visit, however we identified concerns with the service.

We found a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to how risks were assessed. You can see what action we told the provider to take at the back of the full version of this report.

All medication records were legible and properly signed for. All staff giving out medication had been trained in medication administration.

We reviewed four care plans including risk assessments and found these needed to be more informative and person centred. They also did not give appropriate guidance for staff to meet people's needs. Not all care plans had regular reviews to monitor any changes and so did not reflect the changes to people's needs.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had not been followed but the manager took immediate action to rectify this.

People and relatives we spoke with said they would know how to make a complaint, none of the people or their relatives we spoke with had any complaints.

People and staff told us that the home was well led and staff told us that they felt well supported in their roles. We saw that the registered manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home well and that the staff were well supported to carry out their duties.

We saw that infection control standards in the home were monitored and managed appropriately. Some audits were completed as necessary and maintenance records were up to date and legible.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime.

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 always safe.

Medication storage and administration was correctly carried out.

There was adequate staff on duty for the needs of people who lived at the home.

In some care files the risk assessments needed to be more informative and person centred as the current risks were not managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had attended some training and additional training is planned.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

The requirements of the Mental Capacity Act (2005) had not been fully implemented to protect people's rights.

Is the service caring?

Good

The service was caring.

We observed staff to be caring, respectful and approachable. People were able to laugh and joke with staff and they appeared at ease.

The staff showed that they have a good relationship with the people they supported.

We noted that peoples care files were appropriately stored to protect their confidentiality.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The complaints procedure was openly displayed.

We saw people had prompt access to other healthcare professionals when required.

Some care files needed to be more informative and person centred.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager was very transparent.

The staff felt supported in their role.

Systems were not being kept up to date due to the manager working as one of the care staff.

Alfreton Residential Home

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 2 March 2016 and was unannounced. The inspection was carried out by two adult social care inspectors. 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to five people living at Alfreton Residential Home and one relative. We talked with four staff on duty, the registered manager and we spoke to a visiting district nurse. We were also able to observe several other people who were supported by the service.

We observed support for the majority of people who lived at the home. We reviewed a range of documentation including four care plans, medication records, and records for five staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

We asked the manager to send information regarding mental capacity actions on behalf of the people who use the service This was done promptly following the inspection.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who lived at the home and asked if they felt safe. One person told us, "I feel very safe here" and when we asked a relative if they thought their family member was safe, they told us, "Absolutely, without a doubt". We were also told by a relative that "There's a homely feel."

We looked at the records relating to any safeguarding incidents and we saw that the registered manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who lived in the home and had made the required notifications to CQC. All staff were able to tell us of appropriate actions they would take if they thought there was a safeguarding issue.

We saw that some risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, pressure area care and nutrition and that some plans had been put in place to minimise risk. In some care files the risk assessments needed to be more informative and person centred. For example we saw falls risk assessments but the action to minimise risk was not clear and personalised for the individual. We identified that moving and handling practices for a specific person was inappropriate. We looked at the risk assessments and saw that there was no mention of equipment and this was being used. This was addressed with the manager who informed us that this would immediately be re assessed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person. A fire risk assessment was in place dated July 2015. The gas safety certificate was issued in July 2015 and the Legionella certificate was issued July 2014. Portable appliances were tested in July 2015. We also saw that checks had been carried out for emergency lighting, fire alarm, fire extinguishers and that the water temperature had been regularly checked. A communication book was used to report any health and safety or maintenance issues and we were told that this was checked by the maintenance person.

Staff wore appropriate personal protective clothing when assisting with personal care and antibacterial soap was available throughout the home to assist with infection control. We saw that there was no formal cleaning rotas in place to plan that areas were deep cleaned but the home looked clean with no offensive odours. We did see that the kitchen had daily cleaning rotas.

We viewed five staff recruitment files and found that not all the appropriate recruitment processes had been followed. All files contained two references, some of which had not been validated. We noted that the files contained proof of identification and appropriate criminal records checks on each person. We saw each member of staff had undertaken a comprehensive induction.

We observed the medication round at lunch time. The medication round appeared safe, the drugs were administered appropriately and people were observed taking them. Medications were safe, there was a drug

trolley which was appropriately secured and measures were in place to ensure the safety of the controlled drugs cupboard.

Medication Administration Records (MARs) had been fully completed by staff when medicines had been administered.. These records showed that people were receiving their medications in a timely manner. All the medication was in date and appropriately labelled. We saw that people had received their medication as prescribed by their health care professional. had received their medications as prescribed by the doctor. We saw that the home's documentation for administering PRN (as required) medication, was unclear and could be misleading as it was difficult to check the amount of medications in stock. The manager informed us that they were going to improve this process for better recording.

We also looked at the records for accidents and incidents, we saw that actions had been taken following each event, for example G.P. referrals and medication reviews.

We identified during the inspection that the registered manager was usually counted on the staffing rota as a member of the care team. This meant the care delivery was adequate but meant the manager was unable to effectively carry out their own tasks.

Requires Improvement

Is the service effective?

Our findings

When we asked several people about their quality of life, they told us they thought the staff were skilled and that there were enough staff on duty. One person told us, "Staff are very good". We asked relatives if they thought staff were well trained a person we spoke to said "From what I've seen yes, I don't think I could have found a better place for mum to stay".

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. The application 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 or authorisations to deprive a person of their liberty were being met. The registered manager told us that DoLS applications had been submitted to the Local Authority for one person but we saw that other people living in the home needed mental capacity assessments and DoLS applications to be made to the local authority. We discussed this with the registered manager. The registered manager e-mailed us to say they had actioned and completed these within the week following our inspection.

We looked at records for five staff members and staff training records. We saw that new staff were registered for the new 'Care Certificate'. This was a training programme accredited by Skills for Care often used as induction training. We saw that staff had attended a range of training including food hygiene, first aid, end of life and safeguarding. There was additional training booked for moving and handling. Staff had also achieved Health and Social Care Diplomas Levels 2 and 3.

We saw that the registered manager had introduced a supervision system within the past year although these had not been carried out at regular intervals. Staff told us of an "open door" policy that was encouraged for staff to speak to the registered manager at almost any time. Supervision provided staff and their manager with a formal opportunity to discuss their performance, any concerns they have had and to plan future training needs. We saw no evidence of appraisals being carried out. The manager confirmed to us that these had not happened.

The home was in the process of having the main staircase decorated prior to the carpets being replaced. With people's permission we were able to see their rooms and we were able to see that everyone who lived at the home had their own rooms which they had personalised.

There were sufficient communal bathing facilities which included a shower room on the upper level of the home and a bathroom on the middle level. The registered manager informed us that she was planning to have a wet room installed in an unused bathroom.

We observed lunchtime and saw the atmosphere to be friendly and relaxed. The dining room was nicely set with napkins. We asked people who lived at the home what they thought of the food and the comments we received included, "Very good", and "Very tasty". We asked a relative for their opinion and we were told " I think the residents are well fed. All the food is fresh". We spoke to the cook who had a good knowledge of individual people's needs and what people preferred to eat. A relative told us "I think [mum] is very well catered for, all of her needs are".

We observed a staff member asking a person what was wanted for evening meal, the staff member included a visiting relative in the conversation, to make sure the person's likes and dislikes were catered for. We also saw that drinks were fully available throughout the day and when a person asked for something additional this was catered for.

Good

Is the service caring?

Our findings

One person told us staff, "Are very helpful". Everyone we spoke with said that they were treated with dignity and respect one person said, "The staff are nice and respectful". We also spoke with relatives, one of whom told us, "The care the staff give is fantastic".

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We saw evidence in peoples' care plans of their end of life choices, we also saw that meetings had taken place with families and these decisions had been signed and dated by the manager and the families if needed. One family member told us "Sensitive things are dealt with sensitively".

We observed people being encouraged to be independent, an example of this was we saw that a person was able to someone make their own tea.

It was clear that staff had warm, positive relationships with people and that the staff were trusted by the people who lived at Alfreton Care Home. A relative told us "I think it's [home] got a fantastic relationship with all the residents". We observed staff taking time to engage with people on a one-to-one basis.

During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner and we were told that visitors were welcomed at anytime.

We saw that people were not rushed and staff supported people with care and patience. Examples were that where staff supported a person to mobilise or to eat a meal, they were not hurried by staff and were enabled to go at their own pace.

We asked relatives if there was communication between them and the service and they felt they were kept informed of any issues. All said yes, one person said Oh yes, I'm definitely listened to", another person told us "They keep me informed of any changes, anything that crops up".

We asked a family member about the care being received by their relative and they were very happy.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with said that the care provided was personalised. People told us they were able to choose what time they went to bed at night. Visitors said they were involved in their relative's care, had been involved in an initial assessment and were informed of any changes. One visitor told us "Yes I'm involved in the care plan, they [the staff] know [mum] quite well", and "They [staff] seem to anticipate her needs".

The care files contained plans describing how the person needed to be cared for and we saw some were not person centred. The care plans identified what support was needed but not how. We saw that the care plans were in the process of being audited and had been for some time. We noted that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were up to date and the manager had separately discussed this with the family, this had been recorded, signed and dated and had been attached to the DNACPR .

The homes policy stated that monthly reviews of care plans were to take place, however this had not always been carried out. We noted that when the home had reviewed a care plan it was with families involvement if appropriate. We also saw how there was a keyworker system in place.

We looked at the complaints procedure and saw that it was in need of being updated as it gave incorrect and out of date information. An example of this was that if any person wanted to contact the Care Quality Commission there were incorrect contact details.

The Complaints procedure was displayed clearly on the notice board at the entrance of the building. We asked everyone we spoke with if they would be comfortable if they had to raise a concern and everyone told us they would be. A family member said "They would listen to any concerns, but I haven't got any". A person who used the service told us they would have no hesitation in going to the manager.

We saw that the home did not have an activities co-ordinator, this meant that it was the responsibility of the care staff carry out any activities the people wanted to access. The staff were able to support some activities including a 'music "workshop'. The people who we spoke with told us they read, watched television and liked the "Big garden". We did not see any planning for activities in the peoples care plans.

We saw that people had prompt access to medical and other healthcare support as and when needed. This indicated that the service responded appropriately to people's medical and physical health related needs. We spoke with a visiting district nurse who told us "This is one of the better homes, friendly and staff communicate well".

We saw throughout the day that staff and people who lived at the home interacted with each other in the communal areas of the home. Visitors were welcomed at all times and were free to stay for as long as they wanted and were treated in a friendly and warm manner by the staff. We also heard a staff member on the phone to a family member and noted that their manner was also warm and friendly.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service if they could access the manager. One person told us "I know who the manager is". A relative told us the manager was "Very approachable," and that in their opinion "Since [manager] took over it's become more homely, I think [manager's] great. We also spoke to staff, who all spoke highly of the manager and felt able to approach them if support was needed and we were told by all staff we spoke with about the managers 'open door' policy. One staff member commented that "[Manager] does deal with any issues reported".

The home had a registered manager in post and no other managerial staff. We saw that the registered manager had implemented new systems and structures. Examples of these were care plans, risk assessments and some audits. However, they had not been able to ensure these were kept up to date. On discussion with the registered manager it became apparent that they were sometimes included on the rota as care staff. This meant the care delivery was adequate but meant the manager was unable to effectively carry out their own tasks. The registered manager was very transparent and told us that they recognised that the home needed to improve and that they were committed to the work required.

We saw that there were some audits that were regularly carried out. These included infection control, medication and for the environment. However the issues identified in this report demonstrate that the audit processes needed to be improved.

We asked relatives if they had been asked to complete any quality questionnaires. We were told "Yes". We asked to see examples of these and some of the comments relatives had written included "Mum is so happy at Alfreton", and "[Manager] and the team are fantastic". Another person had commented "I have been consistently impressed with all aspects of the care my mum is receiving at Alfreton".

The registered manager and the staff had a clear understanding of the culture of the home and was able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We spent time talking to the registered manager and they told us how committed they were to providing a quality service.

The registered manager was a constant presence in the home and it was clear that they knew the people who lived in the home extremely well and that the staff were well supported to carry out their duties. We observed staff interactions to be light hearted and respectful with each other.

We asked to see minutes of the resident meetings. We were told by the registered manager how they had adapted their approach to get the peoples opinions by not holding formal meetings but by having "A chat". This was shown to be effective for the people who lived in the home as a person wanted a change to a menu and told us/we saw/ we noted they felt/appeared comfortable expressing this in a different environment. We noted that the menus had been changed.

We asked the registered manager if the provider was approachable. We were told "I feel they are, I can call at

any time, they pop in a couple of time a week and they're on the end of a phone". We also saw that the registered manager was able to attend a monthly managers meeting. This showed that the manager was supported in her role and that these meetings gave the registered manager the opportunity to suggest improvements and highlight any 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assessing and mitigating risks to the health and safety of service users receiving care or treatment required improvement. Regulation 12(2) (a) (b)