Regal Care Trading Ltd

Alpine Care Home

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

We inspected Alpine Care Home on the 30 January 2017 and the inspection was unannounced. Alpine Care Home provides accommodation for up to 25 older people. On the day of our inspection there were 24 people living at the home. Alpine Care Home is a residential care home that provides support for older people living with dementia and other health related conditions. Accommodation was arranged over two floors with stairs and a lift connecting each level.

There was a registered manager in post. 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 our last inspection undertaken on the 5 April 2016 we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to staffing levels at night; not adhering to the principles of the Mental Capacity Act (MCA) 2005 and failing to maintain accurate records. The provider sent us an action plan stating they would have addressed all of these concerns by June 2016. At this inspection we found the provider had made improvements and was now meeting the requirements of the regulations.

Staff were knowledgeable about people's behaviours which might challenge and areas of care which might pose a risk to people. A range of risk assessments were in place and people's ability to use the call bell was considered. However, people's call bell risk assessment did not mitigate all the risks involved. For example, when someone remained in their room all day and they were unable to use the call bell, how often they should be checked upon was not recorded. We have made a recommendation for improvement.

People, relatives and staff spoke highly of the service. One relative told us, "It is excellent here. I would recommend the service and the manager is extremely approachable." One person told us, "There is plenty of company, it's warm and comfortable and the staff are very nice and caring." Another person told us, "I've been very happy here. I wouldn't have stopped if I wasn't happy."

There were sufficient numbers of skilled, competent and experienced staff to ensure people's safety. People were cared for by staff that had a good understanding of adult safeguarding and who knew what to do if there were concerns over people's safety. People told us that they felt safe. One person told us "I feel very safe here." There were safe systems for the storage, administration and disposal of medicines and people were supported to have their medicines safety and on time.

People's consent was gained and staff offered explanations before assisting people. Mental capacity assessments and deprivation of liberty applications had been undertaken to ensure that, for people who lacked capacity, appropriate measures had been taken to ensure that were not deprived of their freedom unlawfully. Staff understood the importance of enabling people to have choice and control within their lives.

Staff worked in accordance with people's wishes and people were treated with respect and dignity. It was apparent that staff knew people's needs and preferences well. Positive relationships had developed amongst people living at the service as well as with staff. One staff member told us, "No-one's experience of dementia is the same so it's all about catering to the individual. It's down to us to show interest in people, let them know they are valued."

Systems were in place to monitor the quality of the service provided and regular checks were undertaken on all aspects of running the service. The registered manager had a range of tools that supported them to ensure the quality of the service being provided.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The food is lovely." Special dietary requirements were met, and people's weight was monitored, with action taken when required. Health care was accessible for people and appointments were made for regular check-ups as needed.

People, staff and relatives were complimentary about the leadership and management of the service. A staff member told us, "The manager is extremely supportive and always open to new ideas and ways of working."

Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency. Accident and incidents had been recorded and monitored to identify any themes or trends.

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

Alpine Care Home was safe.

Staff had a clear understanding about how to protect people from abuse. People received the medicines safely when they needed them.

There were robust recruitment procedures in place and there were sufficient staff to keep people safe and meet their needs.

Risks associated with the environment were mitigated and risks associated with people's care were assessed, monitored and reviewed.

Is the service effective?

Good

Alpine Care Home was effective.

Staff received training and supervision to support them in providing effective care to people.

Staff had a clear understanding of the Mental Capacity Act (MCA) 2005 and there were robust procedures in place to ensure that the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and to access health care services to maintain their health and well-being.

Is the service caring?

Good

Alpine Care Home was caring.

People were supported by staff that were kind, caring and compassionate. Positive relationships had been developed.

People were involved in decisions that affected their lives and care and support needs.

People were supported in a stable and caring environment. The staff promoted an atmosphere which was kind and friendly.

Dignity champions were in place and staff understood the importance of respecting people's privacy.

Is the service responsive?

Good

Alpine Care Home was responsive.

Care was personalised and tailored to people's individual needs and preferences.

People had access to a wide range of activities to meet their individual needs and interests.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

Is the service well-led?

Good

Alpine Care Home was well-led.

People and staff were positive about the management and culture of the home.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Alpine Care 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on the 30 January 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before the inspection we checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR), this is a form that asks the provider to give some key information about the home, what the home does well and any improvements they plan to make.

During our inspection we spoke with eight people, four relatives, registered manager, a maintenance worker, deputy manager, four care staff, an activity coordinator and the regional manager. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six care plans and associated risk assessments, three staff files, medication administration record (MAR) sheets, incidents and accidents, policies and procedures other records relating to the management of the service. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's received and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We last inspected Alpine Care Home on the 5 April 2016 where the service was rated as 'Requires Improvement.'

Good

Is the service safe?

Our findings

People told us they felt safe living at Alpine Care Home. One person told us, "I definitely feel safe here." Another person told us, "Oh yes, I am fine here." A third person told us, "Yes I like it here, the staff are very nice." Visiting relatives also confirmed they felt confident living their loved ones in the care of Alpine Care Home. One relative told us, "I know they are safe here." Another relative told us, "I feel they are extremely safe here."

At our last inspection in April 2016, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staffing levels at night were not safe and prevented a safe evacuation. We also identified areas of improvement in relation to the management of 'as required' medicines.

An action plan had been submitted by the provider detailing how they would meet the legal requirements and recommendation. At this inspection, we found improvements had been made and the provider is now meeting the requirements of the regulations.

There were sufficient numbers of staff to ensure that people were safe and well cared for. Staffing levels were based on people's assessed needs. Improvements had been made since the last inspection. Staffing levels at night had increased from two staff members to three. The registered manager told us, "This has been working really well." A dependency tool was in place and which considered people's level of assistance with personal care, nutritional, continence and what level of support they required to meet their social, emotional and psychological needs. The registered manager told us, "Each month we review people's level of dependency, this then determines how many hours of care we need to provide per week." Documentation reflected that the service was providing over and above the assessed number of hours of care they had calculated. For example, the registered manager had calculated they needed 469 hours of care per week, but they had decided to provide 588 hours of care per week. People, staff and visiting relatives confirmed staffing numbers were sufficient. A relative told us, "The staffing levels are always good, staff are always visible." Another relative told us, "There are always plenty of staff. They've noticed that (person) is worse in the afternoons and they are very patient with them." Observations demonstrated that staff were continually visible in the lounge area to provide interaction and stimulation for people.

Alpine Care Home had safe systems for administration of medicines. All medicines were securely stored. Full records were maintained of medicines brought into Alpine Care Home, given to people and disposed of. All staff who supported people with their medicines did this carefully and did not rush people. They gave people the help they needed to take their medicines, including drinks of their choice. They checked each person had fully swallowed their medicine before signing that the person had taken their medicine. Improvements had been made since the last inspection. Where people were prescribed medicines on an 'as required' basis, there were clear protocols outlining the reasons a person needed their medicine and how often it was to be given in 24 hours. Systems were in place to assess people's pain levels and ensure appropriate pain relief was provided to people when required.

Each person had a medicine profile which included information on their date of birth, any allergies and how they liked to receive their medicine. For example, one person 'liked to take their tablets from their hand with water and juice.' A member of the management team told us with pride how very few people were prescribed anti-psychotic medicines. Where one person was prescribed an anti-psychotic medicine on an 'as required' basis, we saw that it had not been given in over three weeks. A member of the management team told us, "We try everything possible before getting the GP involved to prescribe medicines to manage behaviour. We would consider if the person has a urinary tract infection, see if there are any triggers and monitor patterns of behaviour." Medication audits were completed monthly and the local pharmacist also completed their own external audit. Feedback from their last audit in pharmacist audit in August 2016 identified no recommendations and commented, 'Alpine Care Home is an extremely well run and organised care home with regards to medication processes.'

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment starting, identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with adults at risk.

Staff had a good understanding of how to keep people safe. Environmental risks were identified and managed, for example, the maintenance worker undertook regular checks to ensure that the hot water in every room was within the recommended temperature range to prevent scalding. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. In the event of the building needing to be evacuated, a place of safety had been nominated.

Appropriate steps had been taken by the provider and registered manager to reduce the potential risk of people experiencing abuse. Staff members demonstrated a good understanding of the different types of abuse and provided clear explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records confirmed this.

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge. Staff told us how people could experience periods of agitation, distress or upset. During the inspection, one person had become visibly agitated and was asking to go home. In a kind and sensitive manner, a staff member spent time with this person, providing reassurance. This ten minute interaction enabled the person to calm down and they then enjoyed having a cup of tea with the staff member. Staff recognised that people's dementia may deteriorate which in turn may present with behaviours which might challenge. A staff member told us of one person who had become possessive of their bedroom. They told us, "We have had to work hard to get their agreement to things but we've learnt and shared information their triggers and how to pre-empt behaviour."

Staff had sufficient knowledge about what elements of people's care routine that posed a risk. Older people with health needs such as dementia can be at heightened risk of choking. Guidance was in place to mitigate the risk of choking which included the use of thickened fluids. Clear information was provided on the quantity of thickener required to the amount of fluid. Risk assessments were in place which calculated

people's risk of skin breakdown (Waterlow score). Where people were assessed at high risk, actions were implemented to reduce these risks. These included the implementation of air flow mattresses, regular re-positioning and application of barrier creams. Documentation confirmed that people's air flow mattresses were checked daily to ensure they remained on the correct setting. Where people required regular re-positioning, documentation confirmed this took place in line with the assessed frequency.

People's individual ability to use their call bell was considered as part of their falls risk assessment. From that risk assessment, information was then recorded in people's sleeping risk assessment if they required regular checks at night. We found the frequency of these checks were not consistently recorded, for example, whether they required two hourly or one hourly checks. Guidance was also not in place in the event of the person remaining in their bedroom all day. In that scenario, how often they should be checked upon if they were unable to use their call bell. The registered manager told us, "Most people spend the day in the lounge, but yes, further information could be added to help address that specific risk."

We recommend that the provider reviews all call bell risk assessments.

Good

Is the service effective?

Our findings

People and their relatives spoke highly of the staff and felt confident in their skills and abilities. One person told us, "The staff are very good." A visiting relative told us, "All staff are approachable and I would say it is excellent here." Another relative told us, "I feel confident in the abilities of the staff."

At our last inspection in April 2016, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the requirements of the Mental Capacity Act 2005 (MCA) were not embedded into practice. We also identified areas of improvement in relation to dementia friendly environments and reviewing the internal lift.

An action plan had been submitted by the provider detailing how they would meet the legal requirements and recommendation. At this inspection, we found improvements had been made and the provider is now meeting the requirements of the regulations.

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. Training records confirmed staff had received training and staff spoke confidently about how they worked within the principles of the MCA 2005. Improvements had been made since the last inspection. Decision specific mental capacity assessments were now in place. Decisions covered areas of care such as capacity to consent to care needs and whether people had capacity to consent to living in a care home with a locked front door. The registered manager told us, "We are aware that as time progresses, more decisions will become apparent and we will ofcourse complete decision specific mental capacity assessments." Documentation included evidence of whether the person could retain, weigh up, communicate and retain the information to make a decision. A best interest checklist was also in place to consider the past views and wishes of the person and to decide whether the decision was the least restrictive option.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager told us, "We awaiting assessments for a few people but training has been provided to staff and guidance is in place for staff to follow." Staff demonstrated a clear understanding of who was subject to a DoLS and why.

Guidance produced by Alzheimer's society advised that 'eating and having a good meal is part of our everyday life and important to everybody, not least to people living with dementia.' People had individual nutritional care plans in place and people's risk of malnutrition had been assessed and guidance in place to

mitigate those risks. Where people required a soft or pureed diet this was provided. People were provided with a wide range of options and could also request alternatives, such as salads or jacket potatoes. A four week rolling menu was in place and people were actively involved in the design of the menu and choosing the options. The daily menu was on display and a pictorial menu was also available to enable people to make their own choices of what they wished to eat. With permission, we joined people for their lunchtime meal. Tables were neatly laid and decorated with bright colours and people were asked where they would like to sit. Condiments and napkins were to hand and people enjoyed a three course meal. Where people didn't like the meal provided, an alternative was provided. For example, one person ate very little, staff provided gentle encouragement but also explored if they would like an omelette or something else. People and their relatives spoke highly of the food provided. One relative told us, "It always smells appetising." One person told us, "The food is always nice, I wouldn't eat it otherwise." Another relative told us, "The food always looks great and they always have a starter – always a great choice. Before (person) came here they were not looking after themselves very well and their diet was very poor and they had lost weight. Since being here they are eating much better, and are encouraged by staff to eat."

Promotion of hydration in older people can assist in the management of diabetes and help prevent pressure ulcers, constipation, incontinence, falls, poor oral health, skin conditions and many other illnesses. Throughout the inspection, we observed that people had drinks to hand and food and fluid charts were in place to monitor people's hydration and nutritional intake throughout the day. At the end of each day, people's actual fluid intake was recorded and this allowed staff and the registered manager to monitor for any signs of dehydration. On the day of the inspection, the registered manager had identified that one person was not drinking very much, so was encouraging fluids. People's weight was monitored on a monthly basis and we could see that people were maintaining a stable weight.

The management of diabetes were effective. Clear guidelines and risk assessments were in place. Information was available for staff on the signs and symptoms of high and low blood sugar. If a person's blood sugar was below a specific count, clear actions were in place for staff to follow. For example, if one person's blood sugars dropped to a certain level, guidance included for staff to administer a carbohydrate orange juice.

Staff told us they were well supported and had received the training they needed to be effective in their role. When starting employment with the service, staff were subject to a robust induction programme which was based on the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a full and intensive programme of training which included essential training for staff. Training included, moving and handling, infection control and safeguarding. As care and support was provided to people living with dementia, the registered manager recognised the importance of having a strong and skilled workforce that understood the importance of person centred dementia care. One staff member told us, "No-one's experience of dementia is the same so it's all about catering to the individual. It's down to us to show interest in people, let them know they are valued." The registered manager told us, "It is important that staff understand what good dementia care is. We have recently rolled out a six week training course on dementia which was extremely helpful." One staff member told us, "Dementia training has been very helpful. I did the initial awareness training and went onto the workbook training with an external facilitator. All staff, not just care staff, have had to do it. "

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff received regular supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us they felt supported within their roles and felt able to

approach the registered manager with any queries, concerns or questions.

Guidance produced by the Social Care Institute for Excellence advises that simple changes to create a more dementia friendly care home environment can have a positive impact on a person living with dementia's emotional well-being and independence. At the last inspection, a recommendation was made for the registered manager to refer to recognised resources and guidance about dementia friendly environments. Improvements had been made. Signage was available throughout the home to help orientate people. Toilets were clearly visible and people's bedroom doors had their individual names on them. Throughout the inspection, people were seen navigating the home, making their way to their bedrooms or the toilet independently. The registered manager told us how they had on-going improvements to the service to consistently consider how they can make the environment as dementia friendly as possible. The registered manager commented, "Our next step is to make the hallways more sensory, especially for those who walk without a purpose. We have to fix sensory items to the wall which people can touch and feel as they walk along."

People's health needs were assessed and met. People received support from healthcare professionals when required, these included GPs, chiropodists, opticians, mental health teams, falls prevention teams, and district nurses. Input was also received from the local hospice team. One person had an emergency health care plan in place. This had been drawn up in partnership with the person, their relatives, GP and the local hospice. This considered how unnecessary hospital admissions could be prevented and to safely provide care that met the person's needs. With pride, staff told us how one person's health had deteriorated rapidly following an infection, however, with input from the GP, their health started to improve. A staff member commented, "Today they have asked to come downstairs, so we are moving forward."

Good

Is the service caring?

Our findings

The service had a relaxed atmosphere and people responded well to staff because they approached them in a kind and dignified way. People were consistently well cared for, supported and listened to and this had a positive effect on people's individual wellbeing. People and relatives spoke highly of the caring nature of staff. One visiting relative told us, "The staff are so kind and caring." One person told us, "They are very nice to me." Another person told us, "There is plenty of company. It's warm and comfortable and they are very caring and nice." A third person told us, "They are lovely here, couldn't get any better."

The Social Care Institute for Excellence (SCIE) report 'Dementia Gateway, keeping active and occupied' identified that the use of doll therapy can sometimes benefit people who are living with dementia. It states 'Benefits might include comfort and companionship for some people living with advanced dementia in care homes. That there may be a reduction in behaviour that others may find challenging, as well as increased communication and purposeful activity where attention is concentrated on caring for and tending to the doll'. Observations showed three people caring for a doll. The activities coordinator told us how they were allocated time to study the use of doll therapy and how initially they had identified it might be beneficial for one person in particular. However, over time, they identified that two other people would benefit from the use of doll therapy. Staff recognised that the use of doll therapy was highly individual. One staff member told us, "Some people are very aware that they are only dolls and pick them up occasionally as comfort, whereas other people are highly attached." Another staff member told us, "We have to treat with the dolls with respect and guidance is in place for us to follow." Meetings had been held with people's families who were in full agreement for the use of the therapy. Observations demonstrated people spent the morning cuddling and holding the dolls. One member of staff was overheard saying, 'Your baby is looking well, can I have a hold? It's beautiful.' The person smiled at the staff member and enjoyed taking the doll from the staff member.

People's differences were acknowledged and respected. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. With pride, one person showed us their bedroom. They spent time showing us and talking through their photographs. It was clear their photographs were important memories and support had been provided to ensure photograph frames were mounted to the wall. Diversity was respected in regards to people's religion. A vicar visited the service on a monthly basis and Holy Communion was also organised on a regular basis for people to participate in if they so wished.

There were resident and relative meetings that provided people and relatives with an opportunity to be kept informed and to raise any concerns or suggestions that they might have. Staff told us that people used these meetings to make their thoughts known. The registered manager told us, "We had a 'residents' meeting the other day where we asked people for their feedback on days out and places they would like to go. One person suggested France." Observations confirmed that people were asked their opinions and wishes on a daily basis and staff respected people's right to make decisions. Staff explained their actions before offering care and support and people felt that staff treated them with respect and that they took time to talk, explain information and listen to their needs. Throughout the inspection, people were regularly asked what they

would like to do, what they would like to drink and where they would like to sit.

People confirmed that they felt that staff respected their privacy and dignity. One person told us, "They always knock before they come into my room." A dignity champion was in post. Led by the dignity in care campaign, dignity champions provide advice and guidance to other staff members on how to respect people's dignity and ensure the 10 dignity do's are upheld. Staff members understood the importance of upholding people's privacy and dignity. One staff member told us, "People get washed and dressed when they want to. People are offered the choice of a bath or a shower in the morning. I make sure people's curtains and doors are closed when helping them and they wear the clothes of their choice every day." A dignity tree was in place where people and staff had put their comments on what they felt dignity involved. Comments included, 'Dignity is treating each individual with respect and worthy of honour and quality.' The staff member who was the dignity champion told us, "I'm dignity champion. I held a meeting and gave out printed information for everyone. We've been emphasising importance of oral care every day and knocking on doors, and have been considering best practice in using clothes protectors. You want to preserve dignity using them but not to use them any longer than appropriate. As champion the idea is to make sure things don't lapse. I keep a diary of things to comment on and I get supported in role through supervision."

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. During the inspection, we observed that when visitors arrived, they were welcomed by staff and immediately offered a hot drink. One relative told us, "We are always made to feel welcome and never rushed out. We can visit at any time and they are always friendly." During the inspection, one person and their relatives enjoyed sitting with a hot drink and doing a jigsaw together. Other visiting relatives spent time in the lounge with their loved one and interacted with staff and other people.

People and staff had developed positive relationships and it was apparent that staff knew people's needs and preferences well. Staff told us that they took time to get to know each person by talking with them and their families and that this enabled them to get to know each person and form relationships with them. Observations confirmed this. One staff member told us, "The more you know about someone's background the more you can help them." The Alzheimer's Society advises that staff should take time to listen to people's feelings and show patience and understanding when supporting people who are experiencing signs of distress or anxiety. One staff member told us, "We have identified that one person responds well to constant reassurance, engagement and proactive attention as this helps to reduce their anxiety and withdrawal." Staff were observed spending time with people, holding their hands, talking and engaging in conversation with them about their interests and feelings. People were encouraged to communicate with one another and there was a friendly, warm and sociable atmosphere. People enjoyed interacting with one another and it was apparent that caring relationships had been developed between people as well as with staff. One visiting relative told us, "I don't know how they have such patience. I know that I couldn't work in this environment every day. What they do here is amazing."

Good

Is the service responsive?

Our findings

People were central to the care provided. The registered manager demonstrated a clear understanding of the importance of providing person-centred care and care that enhanced people's quality of life. People and their relatives spoke highly of the activities provided. One person told us, "There is never time to be bored." A visiting relative told us, "There are always things going on. They seem to really focus on activities." Another relative told us, "There is lots on offer. Dogs every Friday, a church service in the lounge, there's a whole list of things, always something out on the tables. They make things, such as collages. They seem to offer a variety rather than one activity. There's always something to keep their minds active".

People's social, physical and health needs were met. People's needs had been assessed when they first moved into the service and care plans had been devised, these were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. The front page of each person's care plan clearly identified the risks that staff needed to be aware of and a summary of the person's care needs. For example, one person's care plan clearly identified that they were living with diabetes, were at risk of falls and prone to bruising due to their medicines. This clearly provided staff with a robust picture of the risks associated with that individuals care routine. Each section of the care plan was relevant to the person and areas covered included, mobility, nutrition, continence and personal care. Care plans considered the person's assessed needs and the outcome and actions required to meet that assessed need.

Staff spoke highly of the care plans and felt care plans provided them with sufficient guidance to provide responsive care. Care plans at the service were electronic and each staff member had an electronic tablet which enabled them to assess people's care plans and daily records. Staff told how having a hand-held device enables them to monitor people's care more effectively and keep up to date with recording. Each person's daily record was also on the electronic care system and provided a clear account of the person's care they had received in a twenty-four period. For example, we could see that where people were unsettled during the night, staff provided support and enabled people to access the lounge for a hot drink. Electronic activity charts were also in place. These recorded and mapped the activities that people participated in or declined. Documentation included information on the nature of the activity, how long it lasted, how the person responded and the benefits derived. We could clearly see that people received daily interaction and stimulation.

The Alzheimer's Society state that spending time in meaningful activities can continue to be enjoyable and stimulating for all people, particularly those living with dementia and that taking part in activities based on the interests and abilities of the person can significantly increase their well-being and quality of life. The registered manager told us, "I'm extremely passionate about activities and it is something that we are really focusing on." Considerable thought and energy created an environment that provided stimulation and interaction. People, relatives and staff spoke highly about the activities provided and opportunities for social engagement. One staff member told us, "We all get involved in activities, it is an important part of our job." One visiting relative told us, "They always try, the activity coordinator does the most amazing things to keep people involved. There's always something on the tables for people to do if they wish it could be puzzles, colouring, games, word searches, lots of appropriate things. There are dolls for those that want them. It's

lovely to see the way that some people cuddle and talk to them. We always hear people singing especially along to some of the music that's playing in the lounge. We don't even like puzzles but here we are trying to do this one!" A weekly activity programme was in place, however, staff acknowledged this was flexible and could change on a daily basis dependent upon what people wanted to do. One staff member told us, "We fit activities around birthdays and external entertainment that we have booked. We also focus on small group or lounge based activities, such as scrabble, quizzes, word games, singing and one to one activities." During the inspection, we observed a range of activities. People were continually stimulated with engagement and activities that were meaningful to them. One person spent the morning looking at a book. Staff regularly spent time with the person also looking at the book and using that interaction as a time to reminiscence with the individual about their past. A group of ladies were engaged with a game of scrabble while a member of staff supported another group of ladies with a jigsaw puzzle. Staff demonstrated understanding of the importance of age-appropriateness activities. For example, a large number of jigsaw puzzles had been provided to the service; however these were aimed for young children. A staff member told us, "We used these jigsaw puzzles as a resource for a reminiscence session and spent time talking to people about their childhood."

The Department of Health states that music can be extremely beneficial for older people with dementia, improving such things as communication, memory, enjoyment of life and creative thinking. It also has a positive effective on physical wellbeing through taking part in singing and dancing. We found there was a firm focus on the importance of music and the arts at Alpine Care Home. During the inspection, music was playing softly in the background. This included music from the era of 1940's to 1960's. Throughout the inspection, people were regularly seen dancing, singing and tapping their feet along to the music. We spent time with one person who enjoyed holding our hand and singing along to the music. A staff member told us, "We also have music for health come in and visiting dogs who perform a dance routine, the 'residents' love when they visit." A visiting relative told us, "(Person) loves the music here. I sometimes bring my keyboard in and we all have a sing along."

Staff were mindful of people who chose not to go to the communal lounge or who preferred to send their time alone and ensured that they were not isolated in their rooms. People were informed about the activities available and encouraged to participate, however people's right to choose how they spent their time was respected. The registered manager told us, "Where people prefer to stay in their bedroom, we always advise of the activities on offer and what they would like to do. However, we also respect their choice and ensure staff go in for regular chats."

Staff interacted with people as they walked past, they used humour and, where it was appropriate, touch to engage with people. People responded to staff with smiles and chat and staff recognised the importance of supporting people to feel that they mattered. For example, when one person was upset, a member of the management team spent time with them and using an electronic tablet, showed them pictures of where they used to live. This promoted the person's emotional well-being.

There was a complaints procedure in place and people and their representatives told us they knew how to access and use this. People also told us they could bring up any concerns and issues at the residents meeting. People and relatives felt they would be listened to and would usually approach the registered manager directly as she was available and approachable. A visiting relative told us, "The manager makes it very clear, if we have a problem, we can talk to her. I've only had one niggle, which we sat down and talked about over a cup of tea. I felt listened to and she responded to my niggle instantly."

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and their leadership style. One staff member told us, "The manager is approachable and reliable." A visiting relative told us, "I would recommend the home. I already put my name down to move in." One person told us, "I've been very happy here. I wouldn't have stayed so long if I wasn't happy."

At our last inspection in April 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because accurate and up to date records had not been maintained.

An action plan had been submitted by the provider detailing how they would meet the legal requirements. At this inspection, we found improvements had been made and the provider is now meeting the requirements of the regulations.

Accurate, complete and contemporaneous records were maintained and improvements had been made since the last inspection. Documentation was in place for the recording of incidents and accidents. This included the date, time, person and staff involved, details of the incident/accident and the action taken. On a monthly basis, all incidents and accidents were collated and analysed for any trends, themes or patterns whilst also considering how improvements could be made following individual accidents and incidents. Clear procedures were in place and followed when a person experienced a fall within the service. Incident and accident documentation was completed along with a post falls check and post fall report which considered the fall location and surface type. A body map was then completed along with hourly observation checks.

People, staff and relatives were actively involved in developing the service. Satisfaction surveys were sent out on an annual basis. The latest staff satisfaction survey from April 2016 found that staff felt the manager was supportive. Comments from the relative's satisfaction survey in April 2016 included, 'I am convinced I have put my wife into the right care home.' Satisfaction feedback results were then used to drive continual improvement. For example, where satisfaction surveys raised concerns, the registered manager took action to improve the quality and running of the service. One satisfaction survey result identified concerns with a person wearing the wrong clothing. Action was taken which included a new laundry process.

The registered manager had a range of tools that supported them to ensure the quality of the service being provided. They undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication, infection control, care plans and environmental. An overarching action plan was then devised following any action points from individual audits. For example, the action from December 2016 included, 'corridors to be more stimulating, pantry floor in kitchen required laying and new door plaques for people's bedrooms needed to be ordered.'

The culture and values of the provider and the home were embedded into every day care practice. Staff were able to tell us, "It's so homely here" and "Person centred care is what goes on here. It starts from before

they move in." Another staff member told us, "This is a relaxed, calm home, like a family atmosphere. We know where people are all the time. In the day there's plenty of time to sit and talk, or help people join in the organised activities. We try and get involved as much as we can. It's important people have company. Everyone helps each other." The registered manager told us, "Staff morale has improved and I feel we are moving in the right direction."

With pride, staff and the registered manager told us of the improvements they had made since the last inspection. The registered manager told us, "We've been working hard to improve the quality of care and promote people's quality of life." Observations demonstrated that staff knew people well and visiting relatives spoke highly of the service. One relative told us, "We looked at lots of places for (person) and we felt that this place (Alpine Care Home) would be the best place, although on paper it didn't look very good, the welcome we got and the feeling the place gave us, it just felt right. The staff contact us regularly about (person) and we are in phone contact most days." Throughout the inspection, we observed staff engage and interact with people in a person-centred manner which promoted their well-being and quality of life. One person used to work in the health and social care setting. During the afternoon, the regional manager spent time with the person and together they discussed staff rota's and organising staff rotas in a care home. The person was supported to write down the staff rota which in return promoted stimulation and engagement which promoted their identity.

Policies and procedures were in place which provided guidance to staff members on all aspects of the service, such as infection control, data protection and confidentiality. Staff were aware of the procedures and used them for reference. People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records.

The service maintained good links with the local community. The registered manager told us, "We are continually trying to build our reputation in the local community. We've recently had a local school choir come in which was joyful and our 'residents' went to a local school for afternoon tea. We've also had a placement with a local college. A student spent four hours once a week here while studying their health and social care diploma." Staff had also signed up to become dementia friends and the service had also signed up for the Social Care Commitment. The Social Care Commitment is the promise to provide people who need care and support with high quality services. Employers and employees, across the whole of the adult social care sector, sign up to the commitment pledging to improve the quality of the workforce.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the Alpine Care Home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The provider was aware of their legal requirement to display their performance rating. We saw this was on display within the entrance hall of the service and on the provider's website.