

Mr & Mrs F Barrs

# Alton House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This unannounced inspection took place on 12 November 2015.

Alton House is a 23 bed care home providing accommodation and care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those who need it. 20 people were using the service when we visited.

The service has 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 and associated Regulations about how the service is run.

At the last inspection in February 2015, we found five breaches of regulations. The arrangements for managing medicines were not safe. Standards of cleanliness and hygiene were not satisfactory. Staff had not received sufficient training to provide a safe and appropriate

# Summary of findings

service that met people's needs. Systems were not in place to ensure that people's human and legal rights were respected. People's care plans were not detailed and the quality of service was not robustly monitored.

Since then improvements had been made. Medicines were monitored and audited and were safely stored. However, further work was needed to ensure that all staff who administered medicines had been tested as competent to do so. Also that information was available to enable staff to make decisions about when and how to give 'as required' medicines.

The staff team had received training to give them the skills and knowledge to support people who used the service. They told us they received the right training to carry out their duties.

The standards of cleanliness and hygiene had improved. Communal areas and bedrooms were clean and free from odours and smells of urine.

Staff supported people to make some choices about their care. They had received Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards training. The manager was in the process of identifying people who possibly did not have the capacity to make informed decisions about their care and who might need decisions made on their behalf for their best interest.

The registered manager monitored the quality of the service provided to check that people received a service that met their needs. This included spot checks outside of their normal working hours.

The process to improve care plans had started but further work was needed to ensure that care plans were person centred and contained sufficient detail to enable staff to provide an individualised service that safely met people's needs and preferences.

Although the provider asked people for feedback about the service they did not have adequate systems in place to monitor and improve the quality of service provided.

We saw that staff supported people patiently and with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs and provided care in a respectful way.

People were happy to talk to the manager and to raise any concerns that arose.

People told us that the food was good and that they had a choice of food and drinks. One person said, "The food is excellent. All nice and fresh and we have large dinners." We saw that people's nutritional needs were met.

We found that activities were limited and staff told us that they were limited with activities because of "people's dementia". We have **recommended** that the provider sources guidance and training to support staff to provide suitable activities for people living with dementia.

People told us they felt safe at Alton House. One person said, "Yes I am safe. I love it here and they all look after me well."

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the care provided were safe. Although the systems for the administration of medicines had improved further action was needed to ensure that people received all of their prescribed medicines safely.

Standards of cleanliness and hygiene were satisfactory.

Systems were in place to keep people as safe as possible in the event of an emergency arising.

Systems were in place to ensure that equipment was safe to use and fit for purpose.

Requires improvement



### Is the service effective?

Not all aspects of the service provided were effective. Staff had received Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards training. However, further action was needed to ensure that people's capacity to make decisions was tested and that they were not unlawfully restricted.

The staff team had received training to give them the skills and knowledge to provide people with an appropriate service that met their needs.

People told us that they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

We have **recommended** that the provider makes changes to the environment to better support those living with dementia.

Requires improvement



### Is the service caring?

The service was caring. People told us that the staff team were kind, caring and respectful. We observed that staff supported people in a kind and gentle manner and responded to them in a friendly way.

People received care and support from staff who knew their likes and preferences. Their privacy and dignity was respected.

Staff provided caring support to people at the end of their life.

Good



# Summary of findings

## Is the service responsive?

Not all aspects of the service were responsive. Although the process to improve care plans had started, further work was needed to ensure that care plans were person centred and contained sufficient detail to enable staff to provide an individualised service that safely met people's needs and preferences.

There was a small consistent staff team who knew people well and were aware of their needs.

Activities were limited and we have **recommended** that the provider sources guidance and training to support staff to provide suitable activities for people living with dementia.

The service was responsive to people's healthcare needs.

**Requires improvement**



## Is the service well-led?

Not all aspects of the service were well-led. Although improvements had been made further work was needed to ensure that the incomplete actions were addressed in a timely manner.

Although the provider asked people for feedback about the service they did not have adequate systems in place to monitor and improve the quality of service provided.

The registered manager monitored the quality of the service provided to check that people received a service that met their needs.

People told us that the registered manager was "good" and approachable. They said they were happy to talk to the manager and to raise any concerns that arose.

**Requires improvement**



# Alton House

## 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 12 November 2015 and was unannounced.

The inspection team consisted of one inspector 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 service.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with four people who used the service, the registered manager, the deputy manager, eight carers, one relative and a healthcare professional. We looked at four people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

# Is the service safe?

## Our findings

Although people told us that they felt safe at Alton House not all aspects of the care provided were safe.

When we visited the service on 27 February and 11 March 2015 we found that people were not protected against the risks associated with the unsafe use and management of medicines. Systems were not in place to ensure that they received all of their medicines safely. We also found that the standards of cleanliness and hygiene were not satisfactory. The provider sent us an action plan detailing the changes that they would make to address these issues.

At the last inspection we found that there was not an adequate system in place to check staff competency to administer medicines. Medicines were administered by staff who had received medicines training. This training was a distance learning package. The registered manager had now introduced a competency test by which to assess staff competency to administer medicines. They told us that this had been completed for “about half” the staff who administered medicines. Therefore systems to ensure that staff had the necessary competency and skills to safely administer medicines had improved but further checks were needed to confirm the competency of all staff who administered medicines.

At the last inspection we found that there was no guidance for staff about the administration of medicines which were prescribed on an ‘as required’ basis. There was no information about the circumstances under which these should be administered or the gap required between doses. There was no information to enable staff to make decisions about when to give these medicines to ensure people received these when they needed them and in way which was safe. At this visit we found that the management team had started to develop the guidance for some people but this had not been completed for all who were prescribed ‘as required’ medicines. Therefore systems to ensure that people received ‘as required’ medicines safely had improved. However, further work was needed to ensure that people received all of their prescribed medicines safely.

The above evidence a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The arrangements for ordering, receiving and checking medicines were more robust. Medicines were checked when received to ensure that they were correct and weekly audits were now carried out. A system had been put in place to check the availability of medicines and to ensure that new stocks were ordered in a timely fashion. The registered manager had liaised with the GP about this.

Medicines were kept safely. Medicines were stored in a locked medicines trolley. Stock medicines were stored in a locked cupboard. Controlled drugs were stored in a locked safe. Keys were kept with the person responsible for administering medicines during that shift. A controlled drugs check had been introduced and they were now checked by two people at each shift changeover. We found that these were stored safely and a controlled drugs record was kept. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register. Systems were now in place to ensure that medicines were safely and securely stored.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at a sample of Medicines Administration Records (MAR) and found that they had been appropriately completed and were up to date. This meant that there was an accurate record of the medicines that people had received. Therefore healthcare practitioners would have the necessary information to effectively review people’s medicines.

The cleanliness of the service had improved. We looked around the building and found that all areas were sufficiently clean. Walls in the kitchen were clean, as were tea towels and there were paper towels in the dispenser. The registered manager told us that they had introduced a cleaning schedule for the kitchen and that the cook now filled the paper towel dispenser. They also told us that the provider planned to replace the kitchen in the near future. We checked all of the bedrooms and found that they looked clean and there was no smell of urine. The registered manager told us that they had found an issue with some mattresses which meant that urine was leaking into the fabric. Therefore four mattresses had been replaced. Also if a bed was soiled it was now stripped and cleaned and then left unmade to dry. Communal areas were also clean. People were living in a clean, comfortable environment.

Staff told us that they had received safeguarding training and that they were confident that the manager would deal

## Is the service safe?

with any concerns they raised. Safeguarding training had been completed since the last inspection. Staff were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of the different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. For example, one member of staff told us that if they saw anyone had a bruise they would report it to the registered manager. Another member of staff told us that they always checked who the visitors were before they took them to the person they were visiting. Systems were in place to safeguard people who used the service.

The provider had appropriate systems in place in the event of an emergency. Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. One member of staff told us that they had recently had a first aid update and felt that there were procedures in place to enable them to deal with emergencies. They added that the manager was always accessible for advice and that a long standing and experienced member of staff was always on duty. Systems were in place to keep people as safe as possible in the event of an emergency arising.

Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were

also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that the maintenance person carried out weekly checks on alarms, call points and hot water temperatures to ensure that they were safe to use and in good working order. Systems were in place to ensure that equipment was safe to use and fit for purpose.

The provider's recruitment process ensured that staff were suitable to work with people who used the service. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who used services.

No concerns were raised about staffing levels. One member of staff told us that staffing levels were 'enough'. They said that that it could be "a bit of a struggle on a hard shift" but added that there were not many of those. In addition to care staff there was also a cook, cleaning staff and a handyperson. Staff told us that the registered manager and deputy manager were "always helpful". At the time of the inspection we found that there were sufficient staff on duty to meet people's needs.



# Is the service effective?

## Our findings

Although people told us that they were happy with the service provided at Alton House not all aspects of the care provided were effective.

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 on authorisations to deprive a person of their liberty were being met.

Staff were clear that people had the right to and should make their own choices and since the last inspection had received MCA and DoLS training. We found that none of the people who used the service were subject to a DoLS. However, in one person's file it stated, "Wanders around a lot and all doors to the outside have keypads to keep [the person] safe." The MCA and DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. We discussed this with the registered manager and she was aware this was necessary and was in the process of contacting the local authority to discuss this and then would make any necessary referrals for DoLS.

The service was provided in a large house in a residential area. There was a lift and also ramped access to the building making it accessible for people with mobility problems or who used wheelchairs. Specialised equipment such as hoists were used when needed. Each person had a single bedroom and most of these had ensuite facilities. We found that the ground floor corridor carpet had been replaced and also that some work had been carried out in the garden to make it safer for people to use. People lived in an environment that was suitable for their physical needs but was not supportive for the people who were living with dementia. **We recommend the provider**

**review the design and decoration of the premises and make appropriate improvements in line with guidance on environment and surroundings from the Alzheimer's Society.**

We found that since the last inspection in addition to MCA and DoLS training staff had also received first aid, moving and handling and safeguarding training. Further training had been arranged to include dementia awareness, infection control, and fire safety. Staff told us that they received the training they needed to support people. One member of staff told us, "The training is right for the people here. Some is e-learning and sometimes people come in to do the training." Another said, "There's a lot of courses including distance learning. It's the right training and it steers you to what is beneficial for people." Most of the staff team had either already obtained or were working towards a qualification in health and social care. People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices.

Staff received supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) approximately every three months. They told us that the manager was approachable and gave them the support that they needed. They said that they could call her for advice. Systems were in place to share information with staff including handovers between shifts and a communication book. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

People were provided with a choice of suitable nutritious food and drink. They told us they were happy with the quality of food and the choices available. One person said, "The food is excellent. All nice and fresh and we have large dinners." During the morning the chef asked each person what they would like for lunch and during the lunch period they spoke to people asking them about the food. At the time of the inspection none of the people who used the service had a specific dietary requirement due to their culture or religion. The deputy manager told us that meals could be provided to meet a variety of needs. We saw that the chef had information indicating the likes and dislikes of a person new to the service. People were supported to have meals that met their needs and preferences.

People were supported to eat and drink sufficient amounts to meet their needs. People said they got enough to eat



## Is the service effective?

and also that they were encouraged to drink a lot. In addition to tea and coffee, we saw that jugs of water and juice were available and that these were refilled throughout the day.

Most people ate independently and a few needed assistance from staff. We observed that staff appropriately supported and encouraged people to eat and that they were not hurried. When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals.

People were supported to access healthcare services. They saw professionals such as GPs, district nurses and speech

and language therapists when needed. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible. The GP visited for a weekly 'surgery'. In people's files we saw an information form to be used if a person needed to be transferred to hospital. The form already had basic information about the person and there were spaces for staff to put in updated information. For example, current medicines. The areas for completion at the time of transfer were clearly highlighted to assist staff to provide all the necessary information. People's healthcare needs were therefore identified and addressed to keep them in good health.

# Is the service caring?

## Our findings

The service was caring. People were positive about the care and support they received. They told us that staff were kind, caring, and respectful. One person said, "I love it here and they all look after me well." Another told us, "I can be demanding but staff know me and put up with me. They are good." We saw that following a two week stay at Alton House another person had written, "Thank you for all your help and kindness."

We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and appropriate way. We also saw staff talking to people and explaining what they were going to do before they helped them. Throughout the visit we saw the staff talking to people, they smiled, made eye contact and allowed time for the person to reply. We also saw that staff discreetly explained to people that they were going to assist them with their personal care needs.

One staff member told us, "I treat people here as I would my family. Maybe it's their last home so we make it as nice as possible for them."

People were supported by a staff team who knew them well. They were able to tell us about people's individual needs and preferences. Staff had started to complete 'This is me' documents for each person. These contained details of people's life history and their likes and preferences. We

heard a member of staff talking to one person's relative to gather information. They were asking what the person used to eat at home. There was a stable core staff group and agency staff were not used. This helped to ensure that people were consistently cared for in a way that they preferred and needed.

People's privacy was respected and we saw staff always knocked before entering their room. A member of staff told us how they protected people's dignity and privacy when providing personal care. They said when they helped someone to the toilet and they waited just outside the toilet door and told people to call them when they were ready.

People were supported to maintain their independence as far as possible. One person told us, "I volunteer to help out with jobs here. I can do a bit of sweeping up and I lay the tables for lunch."

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP, district nurses and the local hospice. We saw that the staff team were working towards accreditation for the Gold Standards Framework (GSF) and had provided end of life care in line with this. GSF is an independent accreditation framework to support people as they near the end of their lives. People benefitted from the support of a caring staff team.

# Is the service responsive?

## Our findings

Although people told us that were well looked after at Alton House not all aspects of the care provided were responsive.

People's individual records showed that a pre-admission assessment had been carried out before they moved to the service. The assessments were basic but did indicate the person's overall needs. At the last inspection we found that although care plans contained information about people's needs and wishes, they were not comprehensive. They did not contain specific or sufficient detail to enable staff to provide personalised care and support in line with the person's needs and wishes. Since that time staff had been completing 'This is me' documents in discussion with people who used the service and their relatives. The registered manager said that once this had been completed the information would be incorporated in people's care plans to make them more detailed.

In a completed 'This is me' document for a person who had started to use the service since the last inspection we saw that useful and appropriate information had been gathered which would assist staff to respond appropriately to their needs. For example, "What makes me feel better if I am anxious or upset." It also identified that the person would prefer to be supported by a female member of staff. However, although their care plans covered the issues identified they still lacked the specific detail on how to support them. For example, it stated that if the person was verbally aggressive staff should try to calm them, talk to them, reassure them and find a distraction. However there were no suggestions as to the best way to calm them or what distraction techniques could be tried.

We found that not all the care plans been reviewed and updated. There was a monthly checklist that staff completed and also a three monthly review. However, it was not clear from the documentation exactly what had been reviewed and consequently we could not confirm that information was up to date. This was a small service with a consistent staff team and we saw that staff knew people well and how best to work with them. For example, we heard staff trying different ways of encouraging one person to have their personal care and to get dressed. They were finally successful during the afternoon. However, although

the process to improve care plans had started, the lack of specific information about how to meet people's current needs placed them at risk of not consistently receiving the care that they required.

This above evidence a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were positive about the staff. We spoke with staff who were knowledgeable about people's needs. One person told us, "I'm very well looked after. 100% satisfactory." We saw that in response to a quality survey a relative had written, "Our relatives tell us, we are happy here and they look after us very well."

The service was responsive to people's healthcare needs. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietitian or palliative care practitioners.

At the last inspection we found that the arrangements to meet people's social and recreational needs were limited. On this occasion we saw that in the morning there was a small craft colouring activity involving staff and five people who used the service. After lunch we noticed that staff were attentive from a support point of view but there was no activity going on. There was nothing to occupy or stimulate people. There were no magazines or reminiscence items and the walls were bare. One member of staff told us, "We organise small activities here, but we're limited because of the dementia. We tend not to arrange outside activities and rely on the relatives to take residents out.". The registered manager said that staff were continuing to experience difficulties in encouraging people to take part in activities. Therefore the arrangements to meet people's social and recreational activities were still limited. **We recommend that the provider sources guidance and training to support staff to provide suitable activities for people living with dementia.**

We saw that the service's complaints procedure was displayed on a notice board in a communal area. Any complaints were recorded and passed to the registered manager for her to address. A member of staff told us that

## Is the service responsive?

when they had spoken to the registered manager about an issue something was done about it within a few days. People used a service where their concerns or complaints were listened to and addressed.

People were supported by staff to make daily decisions and choices about their care as far as possible. We saw that people made choices about what they did and what they ate. One person told us, "I make my choices. I like to listen to music in my room and go back there when I want." A member of staff said, "They have choice about everything. We ask them what they want. They go to bed when they want. If they don't like it they tell you." We saw that people

were consulted and staff asked their permission before doing things for them. For example, at lunchtime we saw that before a member of staff started to help a person they asked them quietly if they would like some help.

Systems were in place to tell staff about people's care needs and any identified changes. This was during the handover between shifts and from information in the communication book. One member of staff told us, "If you are off you must read the communication book to see what is going on. Other staff tell you and so does [the manager]. So you catch up even on the little things."

# Is the service well-led?

## Our findings

Not all aspects of the service provided were well led. Progress had been made in addressing the breaches of regulations identified at the last inspection and action had been taken to improve the quality of the service provided. However, although some tasks had been completed further work was needed to ensure that the incomplete actions were addressed in a timely manner. For example, the personalisation of care plans, the checking of staff competency to administer medicines and any necessary applications for Deprivation of Liberty safeguards made.

The provider visited the service each week and spoke to people. However, at the last inspection there was no record of what was found or discussed at these visits or of the checks that had been carried out. Since the inspection we saw that the manager had recorded brief notes of the provider visits indicating what they had done whilst there. However there was no evidence that the provider was monitoring progress towards the completion of the action plan or that they had discussed the outstanding tasks. The provider did not have adequate systems in place to monitor and improve the quality of service provided.

The above issue evidences a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sought feedback from people who used the service and their relatives through quality assurance surveys. There had been a survey in 2015 and we saw that

feedback was positive. One relative had written, "Staff are helpful and cope easily with problems." Another had commented, "Staff are attentive and keep me informed of any difficulties."

There was a clear management structure with a registered manager and a deputy manager in post. Staff told us that the management team were approachable, and could be contacted for advice and support. They told us that they received good information at the shift handover and that the communication book worked "really well." They felt that there was a relaxed atmosphere but there was a structure in place. Staff commented on a supportive management team who were ready to help when needed.

The registered manager and deputy manager monitored the quality of the service on a day-to-day basis. In addition to observations and discussions with people they audited medicines and checked that care reviews had been completed and were up-to-date. They also told us that they carried out spot checks outside their normal working hours. Records were now kept of these visits and we saw that visits had taken place at different times of the day and night. Including one at 1.30 in the morning. A member of staff told us, "They would call you in if someone was not getting the care they needed."

We found that since the last inspection three staff meetings had taken place and another one was planned for the end of November 2015. These gave staff collectively, the opportunity to discuss work practice, people's needs and issues that affected the service provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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  People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The lack of robust management monitoring placed people at risk of receiving a service that was not safe, effective or responsive to their needs. Regulation 17 (2) (a)-(e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  The lack of detailed and specific information about people's needs placed them at risk of not consistently receiving the care that they required. Regulation 9 (1) (a) & (b).