

Flollie Investments Limited

Alice House

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?

Requires Improvement ●

Summary of findings

Overall summary

Alice House is registered to provide accommodation for up to 32 people who require personal care. The home specialises in providing a service to older people who are living with dementia. On the day of our inspection there were 25 people living at the service. When the service was last inspected in March 2015 there was one breach of the Health and Social Care Act 2008 (Regulated Activities) relating to premises and equipment. This breach was followed up as part of our inspection. The service was rated 'Good.'

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. A new manager had been appointed. They had submitted their registered manager's application for consideration to the Commission.

At our previous inspection we found that people were not protected from the risk of infection. At this inspection we found sufficient improvements had been made. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures into practice and staff described how they would report concerns if they suspected or witnessed abuse. Staff told us they felt confident to speak directly with the manager. However, the service had failed to notify the Commission of statutorily notifiable incidents; we have made a recommendation about this.

There were sufficient numbers of suitably qualified staff employed at the service. The provider's recruitment process ensured that only staff deemed suitable to work at the home were employed. Staff did not commence working in the home until all pre-employment checks had been satisfactorily completed.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. We have made a recommendation around how the service records people's best interest decisions for people.

People's needs were regularly assessed and resulting care plans provided guidance to staff on how people were to be supported. Care plans reflected people's preferences and personalities.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed. There were processes in place for the safe storage and management of medicines.

People's care was provided by staff in a caring and compassionate way. People's interests had been identified and they were supported in a way which prevented them from becoming socially isolated. Each

person was supported to access and attend a range of activities and local community facilities.

Staff had confidence in the leadership of the manager. There were audits systems in place to assess, monitor and improve the quality and safety of the service. Feedback from people and their relatives confirmed they were happy with the service and the support received.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was mostly well-led.

The provider had failed to make appropriate statutory notifications to the commission. We have made a recommendation about this.

Alice 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 checked 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 comprehensive unannounced inspection took place on 9 July 2017. This inspection was carried out by two inspectors.

Before the inspection we reviewed previous inspection reports, the provider's action plan and other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us .

On the day of the inspection we spoke with eleven people, three relatives, three members of staff and the manager. We also spoke to two registered managers who worked for the provider's sister services. They were visiting the service to conduct audits of the service. We completed observations of the service and the way that care was provided.

We looked at three people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the incident reports, meeting minutes, audits, surveys, staff supervision and training records.

Is the service safe?

Our findings

At the last inspection of the service in March 2015 we found the systems in place to reduce the risk and spread of infection were not being followed. This had resulted in some areas of the home not being satisfactorily cleaned and people were at risk of acquiring infection and cross contamination. At this inspection we found sufficient improvements had been made. We looked at the dining and living areas, kitchen, laundry room, bathrooms and bedrooms. We found that appropriate standards of hygiene had been maintained in relation to these areas. Records also demonstrated that cleaning standards were regularly monitored and that the kitchen had recently been deep cleaned.

People told us they felt safe living at the service. One person told us; "I love it here. It's well organised and I get the support I need."

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. Staff told us they felt confident to speak directly with the manager. They were also aware that they could report their concerns to external authorities, such as the Commission and the local authority. Despite this we found that the service had not made appropriate statutory notifications to the Commission. We have made further comment on this in the well led section of this report.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was in the main manageable. Staff told us; "In general they're very good"; "It's ok"; and "It works quite well." Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. Where one reference had only been received for one employee appropriate risk assessments were implemented to monitor the staff member's performance.

Medicines were stored safely. Stock checks were carried out daily and monthly as part of medicines audits. Medicine administration records (MAR) were up to date and gaps in recording accounted for. There were medicines profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects or problems.

Risk assessments had been carried out and provided information for staff on how to support people safely. This included using community facilities and supporting people during their activities. Each risk assessment considered actions required to keep the person safe whilst undertaking the activity and strategies to use if the activity became unsafe. For example we saw a risk assessment around a person's liquid medication. The risk assessment took into account various aspects such as the risk to others from accidentally drinking the medication, the person's sensory needs and the reassurance from staff required to ensure the person took their medicine. Actions required to keep the person safe included a structured approach including a staff member sitting with the person to reassure them whilst they drank their medicine ensuring that it was finished before they moved on.

Accidents and incidents were recorded and analysed by the manager or senior staff. The analysis was discussed with staff including how staff could improve the recording of incidents. Following incidents risk assessments were updated and if necessary referrals were made to healthcare professionals. For example we noted that when a person had an increased number of falls action was taken to check their footwear, their physical and mental health and a referral was made to the local 'falls team' for further action.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. The provider ensured that premises and any equipment provided in connection with firefighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person.

Contingency plans were in place in case the service needed to be evacuated. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation. Night time staffing levels for the service consisted of two members of staff. A senior member of staff was on call 24 hours a day. The service considered this was a sufficient staffing level in case of an emergency.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's capacity to make decisions had been assessed and we saw examples of records of best interest decisions. We also saw evidence that some best interest decisions were not yet completed. It was clear after speaking with the manager that the service had followed practices that were in people's best interest. The service was following the principles of the MCA and worked to ensure continuity of care. However, the decision making process was not always fully evidenced. For example, who had been involved in making the best interest decision other than the manager.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. 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 Mental Capacity Act 2005 (MCA). 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. We found that in relation to DoLS people's capacity to make decisions had been assessed where needed and appropriate DoLS applications had been made.

Staff demonstrated a sound understanding of the MCA and DoLS. We observed that staff asked people for their consent throughout the day in relation to day to day choices. For example, we saw that staff knocked on people's doors before entering their rooms, offered choices of food and drink and asked if they could help them with anything. One person told us; "I like the freedom here."

People received effective support from staff that had the skills and knowledge to meet their needs. We saw that the service's induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. Staff confirmed they had received an induction when starting their employment at the service. We saw that induction records had been fully completed.

Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed mandatory training was completed in key aspects of care to ensure staff and people at the service were safe. Modules included; fire safety, infection control, first aid, food hygiene, moving and handling. Additional training specific to the needs of people who used the service had been provided for staff, such as understanding dementia, positive and negative communication and behaviour which challenges us to understand.

People's needs were met by staff that were effectively supported and supervised. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon. During supervision the manager discussed performance, people's needs, staff goals and objectives. The manager also incorporated topic specific questions relating to their role. The most recent topics discussed included issues relating to safeguarding and the Mental Capacity Act. Staff felt they received adequate training to undertake their role.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. We saw for example when one person had lost weight their food and fluid intake had been monitored and additional support and reassurance given to them at mealtimes. The person's weight had returned to a healthy level. Staff asked people about their food and drink likes and dislikes and ensured information was relayed to the kitchen staff. The kitchen staff were advised if a person's body weight decreased and fortified foods were supplied. Where needed, people would be provided with a diabetic diet, soft foods or pureed diets.

People were supported to maintain their well-being and good health. Daily records were maintained so that the staff could monitor changes in people's health conditions. People were supported to maintain good health and had access to external health care professionals when required. We saw people had received input from the GP, the mental health team, chiropodists and district nurses. There was information available for staff to make contact with relevant health professionals should a person require them.

The environment had been adapted to assist people living with dementia. This included; having quiet areas for people who might be feeling anxious or confused; clear bold signs were placed at key decision points to assist people navigating round the service; pictorial indicators were provided on how to conduct tasks such as making a hot drink; contrasting colours were on bedroom doors to assist people to find their rooms. People had open access to the garden which offered fresh air, exercise and exposure to sunlight which is vital for their wellbeing. We observed people spending time in the garden relaxing and socialising with other people.

Is the service caring?

Our findings

People told us they liked the staff. Comments included; "I like the area. The staff are very pleasant and polite. I like living here"; "If I need something they're very helpful"; "I like the way we are treated. You feel part of the family"; "The staff are fantastic. They're marvellous. I made the right choice living here."

Staff supported people in a respectful, kind and caring way and involved them as much as possible in day to day choices and arrangements. We observed that staff had good relationships with people. Staff demonstrated empathy and an understanding of people's support needs and challenges. There was a genuine consideration for people's well-being. Staff knew about people's past lives and the people and things that were important to them. One relative told us; "They talked to us a lot about his needs. They asked about personal history. Dad was a great sportsman. They seem to know him really well."

We saw that people were encouraged to remain independent. We observed staff supporting people to move around the service safely. People used mobility equipment to access different areas of the service at their leisure. Where people required specialist equipment staff to move staff reassured the person and talked them through the procedure. People were encouraged to conduct their own personal care. One person told us; "I'm independent. I shower and dress myself. I get help with the things I need. We get up and go to bed when we want."

We observed that friendships were supported and the positive impact this had for people. Three people sitting together told us how they had become friends since living at the service. One person told us; "We help each other as much as we can."

Staff were consistently positive and encouraging and talked enthusiastically about the support they delivered. One member of staff told us about one person they support; "[Person's name] is fairly self-sufficient. He loves Johnny Cash. He loves singing, dancing and helping in the garden. This morning he's been out sweeping the garden path and watering the tomatoes."

Enabling relationships had been established between staff and the people they supported. Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preference. One member of staff told us; "[Person's name] needs prompting with personal care. She does not leave her room until she has hair and make-up done." One person showed us her painted nails and said she was delighted with them. She told us that she never had her nails painted until she lived at the service. Some people's appearance was particularly important to them. To ensure their needs were met a hairdresser visited the service once a week.

We observed that people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their rooms after knocking. One person showed us their bedroom and it contained their personal belongings. We observed that people often came to the staff office to talk to staff and sit with them. The staff consistently welcomed people into the office.

Is the service responsive?

Our findings

The manager worked with people and their families to identify their care planning needs. We saw that each person had a care plan and that relatives had been invited to have an input into the care plans through review meetings. The care plans reflected people's individual needs, what they wished to do and how staff supported them.

Care plans and records were personalised to ensure that staff were aware of people's preferences, life history, likes and dislikes, their daily schedules for example what time they preferred to get up, go to bed, how they liked to dress etc. This is significant in a service for people with dementia who find it difficult to communicate their needs. This information can aid staff in communicating and developing relationships with people whilst meeting their needs. This information is of particular relevance when new staff are employed at the service to aid them in knowing and understanding people.

We saw that the manager reviewed people's care plans on a monthly basis and contacted people's families or other involved professionals if there was a need to gain their feedback or to review the care plan. Formal reviews of care plans were held annually.

The staff recognised and responded to people's needs. Through knowing people well staff were able to work with people to prevent them from becoming frustrated or bored with how they spent their time at the service. For example one person using the service found it difficult to be sociable with others living in the home. Staff had developed activities and techniques to help reduce the person's anxiety and to enable them to concentrate on the enjoyable aspects of living in the home.

People undertook activities personal to them and were supported in what they wanted to do. We observed people helping with the household chores. They also had responsibility for looking after the house rabbits and helped in the garden. On the day of our inspection people were going out for a walk to the park with a member of staff. They were listening to music and dancing. In the afternoon people were playing hoopla and Connect Four. People were laughing and having fun. People had their chosen daily newspaper delivered. The manager told us that people went out in the minibus at least twice a week. The service sought people's views on their chosen activities and minibus outings. One person showed me a picture of them on a Harley Davidson which the service arranged. They were driven round the seafront and told us it was, "Great fun." Without exception, everyone spoke positively about the activities programme.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. One person told us that the service was taking them to see their son in the afternoon. A number of relatives visited the service during the day and were taking their relatives out.

The service had a complaints policy and procedure available for people and their relatives. We checked the complaints records; we found that one complaint which had been made prior to the new manager's appointment had not been resolved satisfactorily. We highlighted this to the manager who agreed to take

this matter forward. Since the new manager's appointment we found that when complaints had been made they were resolved to the satisfaction of the complainant and in accordance with the provider's policy.

Is the service well-led?

Our findings

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. Although staff knowledge demonstrated a sound knowledge of how to report safeguarding concerns we found that the service had not made appropriate notifications to the Commission. This meant that the commission was unable to undertake statutory monitoring of the service and review how events have been handled. We found that most of the omissions had occurred when the last registered manager was in post. We spoke with the new manager about this and they agreed to familiarise themselves with the statutory notification procedure.

We recommend that the provider ensures that they comply with the Care Quality Commission statutory notification guidance.

The provider was committed to supporting the new manager in post by providing additional managerial support. Registered manager's from the provider's other services were mentoring the new manager in their role. Between them they provided support to the new manager for three days a week to help familiarise the manager in their new role.

Staff felt well supported and said that they would not hesitate to speak to the manager if they needed to. Comments included; "We focus on the individual. The manager is approachable. We are listened to"; and "I love the fact that it's very flexible here. The service user's comes first. If someone is upset you deal with the person. It's not a rigid service. We're supported by the manager."

The manager encouraged an open line of communication with their team. Regular staff meetings were held. We reviewed minutes of the previous staff meeting and issues directly involving the running of the home were discussed. This included areas such as cleanliness, service user needs, rotas, communication and laundry. This ensured staff were kept up-to-date with operational issues.

Feedback from a recent staff survey confirmed that they were content working at the service. One member of staff commented; "The care home provides all the training and support I need. If I have any problems or questions my manager is always happy to give all the support needed. The residents are happy and their well-being is very important here."

People were encouraged to provide their views and were actively involved in the decision-making process. Regular meetings were held to seek people's views on the service and their thoughts on issues such as entertainment, food and pet choices. People were informed that the service were trying to find the pet and they intended to purchase a dog in the next couple of months. Trips were also being arranged to destinations of people's choice such as the SS Great Britain, @Bristol and the zoo. A fridge has also been requested from head office for their kitchen.

To ensure continuous improvement the registered manager conducted regular compliance audits. These included medicine, care plans, environment and health and safety audits. The observations identified compliant practice and areas where improvements were required. A recent maintenance audit identified that a legionella assessment had been conducted. There was an identified need for kitchen work to be conducted relating to fly screens and fridge handle handles.