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# Alinthia House

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

About the service: Alinthia House is a residential care home registered to provide accommodation for up to seven older people who require personal and nursing care. The home does not provide nursing care. People who live in the home receive nursing care through the local community health team. The home provides both short and long-term care. The home accommodates up to seven people in one adapted building. Accommodation is provided over two floors, with a stair lift giving access to the first floor. Seven people were living at the home at the time of the inspection.

People's experience of using this service:

We received very positive feedback about the care and support provided at the home. People felt safe and well cared for. This was reflected in the comments we received from a relative and a friend of a person living at the home. Staff were aware of their responsibilities to safeguard people.

People were protected from avoidable harm associated with their care needs, such as developing pressure ulcers or not eating enough to maintain their health. Since the previous inspections in July 2018, improvements had been made in how the home assessed and mitigated risks.

Some improvements were required in how the home recorded people's capacity to consent to care and for authorisation to restrict people's liberty to keep them safe.

There were sufficient numbers of staff employed to ensure people's needs were met. However, some improvements were still required to ensure the suitability of staff employed.

People's preferences were respected and staff were attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people well.

The home organised social activities which people enjoyed.

People received their medicines safely and as prescribed. Medicine management practices were safe.

The environment was safe and equipment regularly serviced to ensure it remained in safe working order.

Quality assurance processes undertaken by the providers ensured people received care that was safe and which met their needs and respected their preferences. People and their relatives were involved in making decisions about their care.

We made two recommendations for the providers to improve the information they obtain from staff prior to them starting work at the home, and to seek guidance in relation to mental capacity assessments, best interest decision making and the Deprivation of Liberty Safeguards.

More information is in the Detailed Findings below.

Rating at last inspection: At the last comprehensive inspection in April 2018, the home was rated 'Requires Improvement' overall, with the key questions of effective, caring and responsive rated 'Good'. (report published May 2018). A focused inspection took place in July 2018 where the ratings for the key questions of safe and well-led, remained 'Requires Improvement'.

At this inspection we found the home met the characteristics of 'Good' for all key questions: The home's overall rating has improved to 'Good'.

Why we inspected: This was planned inspection based in the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the home to ensure good quality care is provided to people. We will return to visit in line our re-inspection programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Alinthia House

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One adult social care inspector undertook this inspection.

#### Service and service type:

Alinthia House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

One of the registered providers was the registered manager. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before our inspection we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the home. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. Prior to the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the home including what the home does well, and any improvements they plan to make in the future. We sought feedback from the local authority's quality assurance improvement team.

This information was reviewed and used to assist with our inspection.

During the inspection we spoke with six people, one relative, two staff, the registered providers and a

community nurse. We also received an email from a close friend of one of the people living at the home. We reviewed the care records for two people with complex support needs as well as looked at how the service managed people's medicines. We also looked at records relating to the management of the service, including two staff personnel files, staff training records, complaints records and quality assurance audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- At the previous inspections in April and July 2018 we identified recruitment and selection processes for new staff had not always been fully completed. At this inspection we found some improvements were still required.
- We looked at the recruitment files for two newly employed members of staff. Neither member of staff had completed an application form but had provided a curriculum vitae. However, while these provided several years' employment history, they did not provide a full employment history. The providers gave assurances this information would be obtained and explored with each member of staff.
- Other legally required pre-employment records had been obtained, including references from former employers and disclosure and barring (police) checks.
- The home employed sufficient numbers of staff to meet people's needs. The providers lived on site and worked each day in the home supporting staff with people's care.
- People told us there were enough staff to support them and they received assistance promptly when required.
- The providers kept staffing numbers under review and had increased the staff available at night since the previous inspections in response to people's changing needs.

We recommend the providers review their recruitment practices to ensure they obtain the required pre-employment information for each member of staff.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Alinthia House. One said, "without doubt" and another said, "Yes, I do" when asked if they felt safe living at the home.
- Relatives and friends also felt the home was safe. One said, "It's a big weight of our shoulders knowing she is well cared for and safe" and the other described the home as an environment where their friend felt "secure, loved and valued".
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being.

### Assessing risk, safety monitoring and management

- At the previous inspections in April and July 2018 we identified people were not always protected from potential risks. At this inspection we found improvements had been made.
- Assessments identified risks, for example, in relation to mobility, skin care and nutrition. Management plans guided staff to support people in a way that mitigated risks. Records showed where necessary,

specialist advice from healthcare professionals was sought. For example, staff had received guidance about how to prepare one person's food to reduce their risk of choking. We saw this person received their food in line with the guidance.

- The environment was managed safely. Equipment such as hoists and the fire safety system were regularly tested and serviced to ensure they remained in safe working order.
- People were protected from risks of scalds from hot water and burns from hot surfaces as water temperatures were controlled and radiators covered.

#### Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Only the those trained in the safe administration of medicines administered medicines to people.
- Medicine administration records were clear and complete.
- Where people took medicine of varying doses, written information had been obtained from the GP about what dose to give on what day.
- There were safe arrangements to receive, store and dispose of medicines.

#### Preventing and controlling infection

- The home was clean, tidy and fresh smelling.
- People's bedrooms were clean and well maintained.
- Staff had received training in infection control. We saw they had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- Staff were seen to use dissolvable laundry bags for soiled laundry to reduce the risk of cross infection with other laundry items.
- The laundry room was clean.

#### Learning lessons when things go wrong

- At the time of the previous two inspections in 2018, the home was working with the local authority's quality improvement and safeguarding teams as concerns had been raised over people's safety and welfare. As a result, the providers had improved how they assessed and mitigated risks to people's health and safety.
- The providers reviewed accidents to analyse whether further changes or improvements were needed to prevent a reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's consent to receive care and support was gained by staff for each interaction. We observed the providers and staff asking for people's consent before entering their rooms and when offering support.
- Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interests' decisions made on people's behalf. However, these had not been formally recorded. For example, two people required the use of bedrails and one person the use of a sensor mat to protect their safety. It was not possible to ascertain from people's records whether they had consented to these. The providers told us they had discussed the use of this equipment with people and their relatives and agreement had been reached that it was in these people's best interests to use this equipment. This was supported by the relative we spoke with who said they were fully involved with decisions about their relation's care.
- The providers understood it was necessary to restrict some people's liberty to keep them safe. At the time of the inspection, six of the seven people living at the home would not be safe to leave the home unsupervised. No one had been disadvantaged over this restriction and the providers confirmed that should a person wish to go out they would be supported to do so. However, the providers had not made applications to the local authority to have these restrictions and continuous supervision authorised: the providers gave assurances applications would be submitted.

We recommend the providers seek guidance from a reputable source in relation to recording capacity assessments, best interest decisions and the Deprivation of Liberty Safeguards.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Care needs assessments identified people's needs and provided staff with guidance about how to meet these needs in line with best practice guidance and people's preferences. For example, the providers used nationally recognised tools to assess risks of pressure ulcers and nutritional risk and followed the guidance provided.
- Records showed when people's needs changed, their plans were amended to reflect these changes.
- Good communication between care staff meant people's needs were well known and understood within the team.

#### Staff support: induction, training, skills and experience

- New staff were provided with induction training and supported to undertake the Care Certificate. One new member of staff described their induction as very good and said the providers and staff were very supportive. They confirmed they had attended a training course to introduce them to care and was undertaking the Care Certificate. New staff 'shadowed' more experienced staff until they, and the providers, felt they were confident and competent.
- The home maintained a training record to identify the training staff had undertaken. Staff received training in health and safety topics, such as first aid and infection control. The record showed that eight staff had not received training in caring for people living with dementia. The provider told us some of these staff were new to the home and they had arranged this training for shortly after this inspection.
- We discussed people's needs with staff and they were able to describe these well, including the needs of those people living with dementia. People told us staff understood their needs and cared for them well: this was confirmed by the relative we spoke with and the friend who had contact us.
- The providers worked alongside staff every day and as such were in a position to provide ongoing supervision and support. Staff had the opportunity to discuss their training and development needs with the providers.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People had choice and access to sufficient food and drinks throughout the day. We saw meals were well presented and people told us they enjoyed the food. One person said, "The food is always lovely" and there was "plenty to eat and drink".
- People's risk of not eating and drinking enough to maintain their health was assessed and regularly reviewed.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were being met. A relative told us their relation's health had improved since moving to the home.
- Specialist advice was sought and followed. For example, records showed one person had recently been assessed by a physiotherapist and another person was due to be seen for a re-assessment in relation to their swallowing.
- A community nurse told us they had no concerns over the care people received.
- Referrals were made to the GP and community nursing services when required. For example, on the first day of the inspection, the staff had contacted the community nurses as they wished the nurse to review one person's wound dressing.

#### Adapting service, design, decoration to meet people's needs

- The home was comfortable and well maintained. People told us they liked the small size of the home as it was quiet and not busy.
- Toilets and bathrooms were adapted to the needs of people with reduced mobility.
- Bedrooms were provided on the ground and first floors and were personalised. A stair lift provided access

to the first floor.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were able to choose how and where they spent their day. Some people chose to remain in their rooms while other chose to use the communal lounge and dining room. One person said, "They know me well" and described the staff as "lovely" and "friendly". A relative and friend told us they were "very impressed" with the care and attention provided, and were "deeply admiring of the quality of care". The care was described as "consistently thoughtful, kind, extremely understanding, patient, sensitive and respectful".
- Our observations showed staff were kind, caring, friendly and attentive. We heard staff in conversation with people and it was clear staff had a good relationship with people.
- Staff respected what was important to people. For example, one person was comforted by having a soft toy to hold and we saw this person had their toy on both days of the inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and care plans described how people wished to be supported.
- A friend and a relative told us staff respected people's wishes and preferences. For example, prior to moving into the home, one person always liked to wear jewellery and lipstick. The staff ensured this person was always offered jewellery and lipstick and we saw them wearing these when we visited.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care.
- Records showed staff supported people to do as much for themselves as they were able. One person's records showed staff were supporting them to regain their confidence with walking by walking short distances with them several times a day.
- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality. The providers expressed their commitment to ensuring people's human rights were respected and upheld.
- People were supported to maintain and develop relationships with those close to them. Relatives and friends were invited to spend as long as they wished with people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People receive care and support in a way that was flexible and responsive to their needs. People chose what time they got up in the morning and when they went to bed. Staff knew people well and were able to describe their likes, dislikes and preferences.
- Staff were aware of people's past history and used this information to tailor their support and interactions with people.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences.
- People's communication needs were identified and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
- People told us they enjoyed the activities organised by the home. These included regular musical entertainment; for example, a harpist had visited the home the day before the inspection.

Improving care quality in response to complaints or concerns

- The home had not received any complaints since the previous inspections in 2018. The home kept a record of complaints received.
- People and the relative and friend had no complaints but felt confident they would be listened to if they did.

End of life care and support

- At the time of the inspection, no-one was receiving end of life care. However, the home was able to support people at this sensitive time with the guidance and advice of the community nursing team. A recent compliment from the relative of a person who had received end of life care at home was very complimentary, describing the home as "terrific".

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The providers and staff told us they were committed to providing high-quality care for people in homely environment.
- Staff told us how much they enjoyed working at the home and valued the fact that the home was small and they had time to spend with people.
- People said they felt well cared for: one described the home as "brilliant". A relative and a friend were also very positive about the home. One said, "I cannot imagine that she could be better cared for. At Alinthia, I have never known anything to be too much trouble."
- The home had recently received two written compliments praising the home and the care provided.
- At the time of the previous inspections in 2018, the home was being supported by the local authority's quality assurance and improvement team to develop quality monitoring systems. The providers had continued with these systems to assess and monitor the safety and quality of the home. Records showed monthly audits were undertaken of the environment and care related issues, such as care planning, medicines management and people's mealtime experiences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People, staff, the relative and friend told us the home was well managed. The providers lived on site and supported people with their care every day. As a result, they are well known to the people living in the home and the staff team.
- Since the previous inspections in 2018 the providers had worked hard to make changes and implement more structured systems. Documentation in relation to people's needs and associated risks, as well as the safety of the environment had improved.
- The providers were aware of their responsibilities to provide CQC with important information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Due to the providers presence in the home each day, they gained feedback from people and their relatives through regular contact and conversations. People, staff, a relative and a friend told us the communication between the providers and themselves was very good.
- Annual questionnaires were used to gain more formal feedback from people and their relatives. The results from July 2018 questionnaires showed very positive responses. The home also used an independent website to review its performance; again, reviews were very positive.

- The home worked in consultation with the community nursing team, as well as other healthcare professionals when necessary, to ensure people's support was appropriate to their needs and safe.