

Bupa Care Homes Limited

Altham Court Care Home

Inspection report

Altham Terrace
Lincoln
Lincolnshire
LN6 7SP

Tel: 01522511373

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29 March 2017

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Requires Improvement ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection took place on 29 March 2017 and was unannounced. Altham Court provides care for older people who have mental and physical health needs. It provides accommodation for up to 48 people who require personal and nursing care. At the time of our inspection there were 33 people living at the home.

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. There was also an Acting Manager in post who was in the process of applying to CQC to register as the new registered manager for the home.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe from abuse including financial abuse.

Protocols were in place for as required (PRN) medicines. Medicine administration sheets were not completed according to the provider's medicines policy. Arrangements were in place to keep medicines stored safely.

We saw that staff obtained people's consent before providing care to them. The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA). Best interests assessments were not clearly documented. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the Deprivation of liberty Safeguards (DoLS) and to report on what we find. We found that the provider acted in accordance with DoLS.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

We found there were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support.

Staff had the knowledge and skills they needed to care for people in the right way and they had received most of the training and guidance they needed. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision. People were encouraged to enjoy a range of social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents and incidents were recorded and investigated. The provider had sent us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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 safe.

As required (PRN) protocols were in place. Medicine administration sheets were not completed on the day of inspection according to the provider's policy, however action was taken to address this.

Risk assessments were completed.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider did not act in accordance with the Mental Capacity Act 2005.

Staff received regular supervision. Training was provided to ensure staff had the appropriate skills to meet people's needs.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good ●

The service was caring

People's privacy and dignity was respected. Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

Is the service responsive?

The service was responsive.

Care records were personalised and reviewed regularly.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

People were aware of their care plans.

Good ●

Is the service well-led?

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

The registered manager and acting manager created an open culture and supported staff. Staff understood their roles and responsibilities.

Good ●

Altham Court 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March 2017 and was unannounced. The inspection was completed by an inspector.

Before the inspection, we examined information we held about the service. This included notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, the acting manager, a nurse and two members of care staff. We spoke with three people who used the service and three relatives. We also looked at four people's care plans and records of staff training, audits and medicines.

Is the service safe?

Our findings

We observed the medicine round at lunchtime. Medicines were administered from two trolleys by two members of staff. We observed neither member of staff signed the medicine administration records (MAR) according to the provider's policy. One member of staff signed the MAR before administering the medicines. MAR should accurately reflect what medicines have been taken and therefore should not be signed until the person administering the medicines is sure they have been taken or not. Another member of staff administered the medicines and signed the MAR at the end of the medicine round. There was a risk the records were inaccurate and therefore people were at risk of not receiving the correct medicines. We saw both members of staff had received appropriate training and observations to ensure they were aware of the correct methods of administration. However they had not adhered to this. Following our inspection the provider informed us they had taken additional action to ensure all staff were following their policies and procedures. For example they carried out further training and competency assessments.

Protocols for medicines which are given as required (PRN) such as painkillers were in place to indicate when to administer these medicines and whether or not people could request and consent to having their medicines. We observed people were asked if they required their PRN medicines. People were addressed by name and staff explained what medicines they were giving to them. We observed that when they gave people their medicines they asked them how they would like them, for example, one at a time or altogether. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, "Always come when you call." During our inspection we checked to see if there were sufficient staff on duty. We did not observe anyone not receiving support when they asked for it. We observed staff responded as soon as people requested assistance or were seen to need support. Staff told us they thought there were sufficient staff to meet people's needs. Staffing numbers were allocated according to an assessment of the needs of the people in the home and the occupancy levels of the home. The acting manager told us they had recently increased the staffing levels to reflect the needs of people in the home. They said they had recently recruited to their vacant posts including to bank roles to ensure there was continuity in staffing.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Individual risk assessments were completed on areas such as nutrition and skin care and care plans put in place to ensure that care was delivered in a safe way. Where people required equipment to keep them safe such as bed rails, risk assessments had also been completed.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were

able to tell us how they would report concerns both internally and externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again.

Is the service effective?

Our findings

The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. We saw that mental capacity assessments had been carried out but where decisions had to be made on people's behalf it was not clear what decisions these were and who had been involved in making these decisions. For example one person had bed rails in place to keep them safe and was unable to consent to these but a best interests decision was not in place. There was a risk that decisions were being made on people's behalf not in accordance with the MCA.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was one person who was subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. Further applications had been made for 19 other people and the home was awaiting the outcomes of these. These had been made to ensure that people who were unable to consent to complex decisions were not being detained illegally. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home. We observed that people were asked for their consent before care was provided. When we spoke with staff they knew what to do if people refused care.

We found that staff had the knowledge and skills they required to consistently provide people with the care they needed. For example, we observed staff supported people to move safely and competently. Most people we spoke with told us they thought staff understood their needs and had the appropriate skills. However one person had concerns about how staff managed a piece of their equipment. We spoke with the acting manager about this who told us they had arranged additional training for staff to ensure they were able to support the person appropriately.

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. There was a system in place for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people. Staff also had access to nationally recognised qualifications. When we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national standards and included training and opportunity for staff to shadow other staff before commencing as part of the shift rota.

Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. Competency observations were carried out with regard to areas such as supporting people at mealtimes and providing personal care. The staff we spoke with said they felt these helped them to maintain standards and improve their care. The acting manager told us that

as a result of carrying out these observations they had taken steps to improve care. For example the checks had identified that care of people's feet was not consistent and they were able to talk with staff about this and how to ensure people's foot care was not overlooked.

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. A person said, "Food is very good." Another person said, "Feed you well." Where staff were supporting people on a one to one basis with their meal we observed they offered choices and ensured they were supported at their pace. Where people required specific equipment to support them with their meals such as specialist cups and plates we observed these were provided.

A menu was available and we saw choices were offered to people, including a vegetarian option. People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, people received nutritional supplements to ensure that they received appropriate nutrition. We saw drinks were available in both communal and bedroom areas. Additionally drinks and snacks were served mid-morning and afternoon. We observed that if people asked for additional drinks staff provided these and also offered people drinks when they were sat in communal areas.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Advice about physical health issues was included in the record about how to recognise deterioration in a person's condition and what treatment or support was required. This helped staff to respond to people's physical health needs.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. The interactions we saw from staff with people were positive. Staff took time to engage in conversations with people and spoke about positive events. Even when the interactions were centred on a task, for example, when serving meals, staff took opportunity to engage with people. One person said, "Staff on the whole, yes are kind." Another person said, "Very happy here." A relative told us, "[Family member] is happy here."

We observed that staff were aware of respecting people's needs and wishes. We saw that before staff assisted people they asked if they wanted support and asked permission before carrying out tasks for people. People were supported to make choices about their care. For example at lunchtime people were able to have lunch where they preferred. One person told us although they didn't ask to see their care plan they were able to tell staff how they wanted their care and this was respected. Care records detailed people's choices about their care, for example, a record stated, 'likes to wear scent'.

We saw that staff were sensitive to people's needs. For example when administering medicines to a person a member of staff apologised for having to disturb them. We observed another member of staff asking a person if they required their glasses and which pair they would like when helping them to read a newspaper.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. When staff were providing support to people in their own rooms we observed there was a system in place to inform other staff and visitors that people required privacy.

We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. There were areas available around the home for people to sit quietly and in privacy if they wished to other than their bedrooms. We saw when visitors came they were able to spend private time with their family member if they wished to in comfortable surroundings. All the bedrooms in the home were single. However we observed a married couple were able to share a room and have a separate area for their private living room which ensured they had privacy if they wished.

We noted that where a person was unable to easily express their wishes arrangements had been made to support them independently, as they did not have family or friends to assist them to make complex decisions about their care.

We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis. We observed records were stored securely to protect people's confidential information.

Is the service responsive?

Our findings

Activities were provided on a daily basis. There was a member of staff who was responsible for leading activities within the home. Staff told us they felt there was a good level of activities for people. One staff member told us, "Activities are a lot better, there are more residents getting involved and a wider range of activities." A person said, "Quite a few activities." A relative told us they thought the activities had really improved recently.

We saw that if people did not want to join in the group activities other options were available. For example, one person was interested in vintage cars and they had been supported to attend a vintage car rally. Another person was interested in aeroplanes so time was spent looking at books relating to this with them.

People told us they had recently had an event to celebrate Mother's day and we saw photographs and video from the event. Other events which had taken place included a celebration of St Patrick's Day. A programme of activities was provided on a weekly basis. This was displayed at a height suitable for people who used wheelchairs to see. In addition invites to specific events were provided to people on a monthly basis.

We noted that people's individuality was respected and promoted and people were encouraged to plan activities. For example, there had been a recent meeting to discuss the development of the garden and we saw plans had been drawn up to include people's ideas. People also had access to church services within the home and we saw that any specific cultural wishes were recorded in care records.

Care records were personalised and included detail so that staff could understand what things were important to people such as information about people past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. We observed staff talking to people about their past experiences such as their profession.

Care plans had been reviewed and updated with people who used the service. Arrangements were in place to check care records and ensure they reflected people's needs. Relatives and people we spoke with were aware of their care plans but said they did not see them regularly.

Arrangements were in place to ensure that staff were kept updated and able to respond to people's changing needs. A regular meeting was held each day for senior staff to ensure they were aware of the needs of people and any changes. In addition staff received daily handovers where they were able to update themselves on issues about care and people's wellbeing.

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. A relative told us they had recently stayed for a meal and had been made to feel very welcome. Another relative told us they had taken part in the recent mother's day event and had enjoyed it.

A complaints policy and procedure was in place. At the time of our inspection there were no ongoing

complaints. We saw where a complaint had been made this had been resolved and actions put in place to prevent the issue of concern occurring again. Complaints were monitored for themes and learning. For example, complaints were discussed at staff meetings to ensure staff were aware of the issues. People we spoke with told us they would know how to make a complaint if they needed and would be comfortable raising concerns.

Is the service well-led?

Our findings

Effective arrangements were in place for checking the quality of care. Systems were in place to carry out regular checks on the quality of care and the fabric of the building. For example checks were carried out on infection control and health and safety issues. As well as regular checks of care plans the service had introduced a 'resident of the day' process which meant that the complete care record for an identified person was reviewed to ensure it was up to date. The system included standards of care which the service was measured against and was monitored centrally. We saw information which informed the acting manager how well they were doing and where improvements could be made.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. We found that staff were provided with the leadership and support they needed to develop good team working practices that helped to ensure that people consistently received the right care. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People felt the home was well run and told us the management team were approachable. A relative told us they thought things had recently improved. Staff said that they felt able to raise issues and felt valued by the acting manager. Staff and relatives told us that the registered manager and acting manager were approachable and supportive. We observed the acting manager and registered manager walking around the home during our inspection chatting with people.

A staff member told us they were able to ask the nursing staff for advice and assistance. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at records of staff meetings and saw issues such as medicines, activities and updates about developments had been discussed.

Resident and relatives' meetings had been held and people we spoke with were aware of these. We saw at the meeting held in January 2017 issues such as meals, activities and the employment of the acting manager were discussed.

Surveys had been carried out with people and their relatives and positive responses received. We saw that following the surveys actions had been put in place to address any issues raised. For example concerns had been raised about the time staff took to respond to call bells. We saw checks had been carried out and the system had been amended to ensure staff were aware of when people required assistance. In addition staffing levels had been increased.

The service had a whistleblowing policy and contact numbers to report issues of concern and these were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the acting manager.

