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Alinthia 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?	Good

Summary of findings

Overall summary

Alinthia House is a family run care home. It provides accommodation and personal care for up to seven people. People who live at the home receive nursing care through the local community health team. The home provides both short and long term care. This inspection was unannounced and took place on 14 April 2016. Six people were living at the home at the time of the inspection, and a seventh person was receiving short-term respite care.

One of the registered providers was also registered as the manager of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at Alinthia House and with the staff who supported them. One person said "goodness me, yes" and another said "yes, I feel very safe here" when asked if they felt safe. They spoke very highly of the care they received. Several people described Alinthia House as a "home from home." They told us the staff were always kind, caring and friendly. Their comments included, "It's lovely here, they're very good to me", "Everybody is wonderful, I'm looked after right, left and centre" and "The staff are absolutely wonderful." Staff treated people with respect and protected their dignity when providing personal care. Staff told us how much they enjoyed working in such a small home where they knew people well, one member of staff said, "I love my job, doing something positive and making their day easier." They described the home as friendly and welcoming and a "real home."

People told us they saw and spoke with the providers every day and they were always asked if everything was alright for them. They said they had no complaints but if they did the providers and staff were approachable. They felt any concerns would be responded to. Their comments included. "You can't find fault", "I'm very comfortable here, I have no complaints."

Staff were knowledgeable about the people they supported and each person's care needs were recorded in an individual care plan. Although these were personalised to each individual they did not contain the same detail of information staff described to us. For example, people's preferred routines and how they liked to be supported were known by staff but not recorded in the care plan. The providers said they would review the informational in the plans and ensure they fully reflected people's preferences. There was evidence people had been involved in a monthly review of their care plan and were asked at each review if they had any requests or wished for any changes to be made.

There were sufficient staff on duty to meet people's care needs. People told us they required some assistance with their personal care needs and mobility, such as using the stair lift to go up and down stairs, and that staff provided this assistance promptly. At the time of the inspection, no one was living with dementia or had nursing care needs. The providers spent most of their time, day and night, in the home. In

addition there were two care staff on duty during the morning until 2pm and one care staff from 2pm until 6pm. There were no waking night staff as the providers slept-in every night. People told us they had few night time needs and they were able to call for assistance if they needed to. They said the providers responded quickly.

Staff were knowledgeable about safeguarding people from abuse, people's rights under the Mental Capacity Act 2005, as well as risks to people's health and welfare resulting from their care needs. Staff knew how and to whom to report any concerns they may have. Where accidents and incidents had taken place, the providers reviewed how these had come about to ensure risks were minimised. Recruitment procedure for new staff were in place to make sure staff were safe to work with vulnerable people.

People told us staff were skilled to meet people's needs and spoke positively about the care and support provided. One person told us "They [the staff and providers] go out of their way for you. They are really committed. They help me with my physiotherapy; they can't do enough for you".

Staff told us they were provided with the training they needed to meet people's needs and they were encouraged to progress and work towards diplomas in health and social care. A staff training matrix identified the training each member of staff had undertaken and when updates were due. Records showed the most recently appointed staff members had received training in health and safety such as moving and transferring in 2015; however some staff required updates in their training. The providers confirmed this had been arranged for later in April 2016. All staff had received training in caring for people with dementia in 2015. Newly employed staff members completed an induction programme and those new to care, were enrolled to undertake the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

People told they enjoyed the meals which were all freshly prepared by the providers each day. They said they could have drinks and snacks whenever they wished. One person said "The food is lovely, all home cooked."

People's medicines were managed safely and people told us the home arranged for them to see the GP should they need to. We saw records of these visits in people's file, which also showed people had access to other health care professionals such as an optician, dentist and podiatrist.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People told us they preferred not to socialise in the lounge area unless there was an event organised. The home organised a number of social events each month, including musical entertainment such as a harp player who visited every two weeks. People told us they did not wish to participate in group activities such as quizzes or bingo and preferred to occupy themselves. The providers told us they had a vehicle to take people out should they wish to go, and were hopeful people would start to go out when the weather was warmer.

People and staff told us the home was well managed. There was a friendly and open atmosphere at the home. The providers and staff were seen to interact warmly and professionally with people and each other. People were relaxed in the company of the providers and it was clear they had built a good rapport with people. The majority of feedback about the quality of the care and support provided by the home was gained informally through conversations and observations. Periodically a survey was used to formally gain views from people, their relatives and staff regarding how they felt about the home.

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 home was safe.

Staff understood their responsibilities in relation to protecting people from
harm and abuse. Recruitment practices were safe.

Potential risks relating to people's care needs were identified and planned for.

Medicines were managed and administered safely.

There were sufficient staff to meet people's needs. People's night time needs were kept under review with regard to staffing requirements.

Is the service effective?

Good

The home was effective.

People received support from staff who understood their needs and preferences well.

Meals were enjoyed by people.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act (MCA) 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had prompt access to relevant health care professionals when needed.

Is the service caring?

Good

The home was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care.

People's privacy and dignity were respected and their

independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans recorded people's care needs but required more detail regarding people's preferences.

People were able to choose how to spend their time. They enjoyed the social activities arranged by the home.

People were supported to maintain relationships with their family and friends.

People were confident that should they have a complaint, it would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a positive and open atmosphere at the home. People and staff
found the providers approachable.

The providers worked in the home every day and as such monitored the quality of the care and support provided in the home as well as health and safety issues such as equipment servicing.

Alinthia 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 was 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 14 April 2016 and was unannounced. It was carried out by one adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit. We contacted the local authority's quality and improvement team for their views about the quality of the care and support provided.

At our last inspection of the service in June 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with all seven people living at the home, both registered providers and three members of staff. We looked at the care records for two people and reviewed how the home managed people's medicines. We also looked at records relating to the recruitment and training of staff as well as those relating to the running of the home. Following the inspection we spoke with the community nursing team in order to gain their views on the home.

Good

Is the service safe?

Our findings

People told us they felt safe at Alinthia House and with the staff who supported them. One person said "goodness me, yes" and another said "yes, I feel very safe here" when asked if they felt safe living at the home.

Staff told us they had received training in safeguarding vulnerable adults and they had a clear understanding of what may constitute abuse and how to report it. Certificates in their training files confirmed this training had taken place; however for some staff this was several years ago. Staff demonstrated a good understanding of how to keep people safe and how and to whom they should report concerns. They said any concerns would be dealt with promptly by the providers. They said they were confident no member of staff would tolerate anyone receiving poor care or being abused. The policy and procedure to follow, if staff suspected someone was at risk of abuse, was available in the office.

The providers told us in their Provider Information Return (PIR) they had a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable people. We looked at the staff recruitment files for the two most recently appointed staff. These held the required pre-employment documentation including references from previous employers and Disclosure and Barring (police) checks, to ensure staff employed were suitable to work with vulnerable people.

People living at the home, as well as the staff, told us there were sufficient staff on duty to meet their care needs. The providers spent most of their time, day and night, in the home. In addition there were two care staff on duty during the morning until 2pm and one care staff from 2pm until 6pm. The providers were then on duty until people had gone to bed. There were no waking night staff and the providers slept-in overnight. People told us they did not routinely require assistance with their personal care or mobility overnight, but if they did, the providers came promptly and they did not have to wait long. One person said, "they come quickly when I call, both day and night" and another person said, "I can manage overnight myself, but if I did need help, I know they would come quickly." We discussed with the providers how staffing would be arranged overnight should people's needs change and they required more assistance. For example, people may, in the future, need support to use the toilet or have their position changed to reduce the risk of pressure ulcers developing. The providers told us they reviewed the staffing arrangements in response to people's changing care needs. They gave an example of when they had provided overnight staff for one person who was receiving end of life care. The providers also told us they had additional arrangements in place to provide staff when they took a holiday.

Risks to people's safety had been assessed and were identified in the care plans. An additional risk assessment document highlighted the most significant risks to people, such as risks when bathing and the risk of falls. Staff were guided about how to minimise risks. For example, for risk of skin breakdown staff were given clear instructions about monitoring people skin and applying barrier creams as prescribed. We saw several people had pressure relieving cushions and mattresses on their beds. For the risks associated with bathing, staff were guided to check the water temperature, to use the hoist to assist people in and out of the bath and not to leave people alone unless they had requested to be left and it was safe to do so.

Where accidents and incidents had taken place, the providers reviewed how these had come about to ensure the risk to people was minimised. For example, one person told us they had fallen a few nights ago and had sustained a bruise to their arm. They told us the providers had responded very quickly when the person called for assistance. We saw this person's care records held a description of how the accident came about and what action had been taken to review the injury. The person told us they did not routinely fall but they had lost their balance when going to the toilet. Their care records showed they had not had previous falls.

The majority of people had their medicines administered by either the providers or senior staff, who had received appropriate training to carry out the role. One person managed their own medicines. Medicines were stored securely, and for those that required refrigeration, the home used a sealed box in the fridge in the kitchen. The staff explained they used very little medicines that required refrigeration. The temperature of the fridge was recorded daily to ensure medicines were stored at the correct temperature. The home used a blister pack system with printed medicine administration records. We saw medicine administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered. This gave a clear audit trail and enabled the providers to know what medicines were on the premises. We checked the balance of a selection of medicines and found these to accurately reflect the balances identified in the records.

The premises were maintained to a high standard: bedrooms were very clean and tidy and all had en-suite facilities. The home had been inspected by the Environmental Health Department in 2013 and had received a food hygiene rating of '5', the highest rating achievable, indicating the cleanliness of the kitchen and the food preparation practices were very good. We found the kitchen and food storage areas to be clean and tidy and records relating to food storage and cooked meals were maintained each day.

There was ongoing investment to improve the facilities including an extension to the lounge room at the front of the building and plans to create a further four bedrooms at the rear of the building. Equipment was maintained in safe working order and checks had been carried out in relation to the safety of fire, gas and electrical installation. There were arrangements in place to deal with foreseeable emergencies. For example, a file was available at the front door containing a plan of the layout of the building and information about how to safely evacuate people in the event of a fire.

Good

Is the service effective?

Our findings

People told us staff were skilled to meet their needs and they spoke positively about the care and support provided. One person told us "They [the staff and providers] go out of their way for you. They are really committed. They help me with my physiotherapy; they can't do enough for you". Other comments included, "It couldn't be better" and "I couldn't praise the place any higher."

Staff told us they were provided the training they needed to meet people's needs and they were encouraged to progress and work towards diplomas in health and social care. Certificates of training were seen in staff files. A staff training matrix identified the training each member of staff had undertaken and when updates were due. Records showed staff had received training in topics such as nutrition and caring for people who were living with dementia. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control. The most recently appointed staff members had received the health and safety training in 2015; however some staff who had worked at the home longer required updates in their training. Following the inspection, the providers confirmed this had been arranged for later in April 2016. All staff had received training in caring for people with dementia in 2015.

Newly employed staff members completed an induction programme and those new to care, were also enrolled to undertake the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. We saw evidence that one new member of staff was being supported by the providers with the care certificate.

Staff said they were very well supported by the providers. They said they didn't have formal supervision, due to the small size of the home and working with the providers every day. However, they were asked for their views about the running of the home and how best to support people, and whether they required any additional support or training. They said they felt listened to by the providers. Periodically the providers undertook direct observations of staff's interaction with people to ensure they were providing care and support respectfully and in the way the person wished. Staff received an annual appraisal of their work performance. We discussed with the providers about ensuring their system of monitoring, supervision and appraisal ensured staff received the necessary training updates to enable them to carry out their duties safely and in line with people's preferences.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people being able to make their own choices. They said they supported people to be as independent as possible and offered people assistance, with their consent, when they needed it. In the PIR, the providers told us "we respect their freedom of choice… empowering them with information to make informed choices. We respect people's rights to equality." The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. At the time of the inspection, all those living at Alinthia House had capacity to make their own decisions about how they wished to be cared for.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect people's rights to their freedom and liberty and require

authorisation from the local authority to restrict liberty should that be necessary to keep people safe. At the time of the inspection, no one at the home was having their liberty restricted.

People told us they enjoyed the meals, which were all freshly prepared by the providers each day. They said they could have drinks and snacks whenever they wished. One person said "The food is lovely, all home cooked." People chose where they wished to eat their meals. People had breakfast in their rooms and some people came to the dining room for lunch. On the day of the inspection, three people came to the dining room and stayed chatting with each other and the staff. Other people told us they preferred to stay in their rooms. People told us that usually one main meal and dessert was prepared for lunch but if this was not to their liking, the providers would cook them something else. One person said, "They would bring me whatever I wanted." For the evening meal, people could request whatever they wished to eat. Records showed people were weighed each month to ensure they maintained a healthy weight. At the time of the inspection, no one required a special diet or was at risk of not eating or drinking enough to maintain their health.

People told us the home arranged for them to see the GP should they need to and we saw records of these visits in people's files. Records also showed people had access to other health care professionals such as an optician, dentist and podiatrist. At the time of the inspection, one person was being seen by a physiotherapist. The community nursing team confirmed that due to the small size of the home they were not required to visit regularly and had not done so for some time. However they had no concerns over the care and support people were receiving when they last visited.

Good

Is the service caring?

Our findings

People spoke very highly of the care they received. Several people described Alinthia House as a "home from home." They told us the staff were always kind, caring and friendly. Their comments included, "It's lovely here, they're very good to me", "Everybody is wonderful, I'm looked after right, left and centre" and "The staff are absolutely wonderful." People told us staff treated them with respect and protected their dignity when providing personal care. Staff asked people beforehand for their consent to provide the care, and we saw staff knocking on people's doors and waiting for a response before entering. Throughout the inspection we observed staff speaking to people in a friendly and respectful manner.

Staff told us how much they enjoyed working in such a small home where they knew people well. They described the home as friendly and welcoming, a "real home." One member of staff said, "I love my job, doing something positive and making their day easier."

People made choices about where they wished to spend their time. People told us they preferred not to socialise in the lounge area unless there was an event organised or a celebration such as someone's birthday or Easter and Christmas. People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private.

There were ways for people to express their views about their care. People told us they saw and spoke with the providers every day, and they were always asked if everything was alright for them. One person newly admitted to the home said, "They [the staff and providers] really do support you. They are in and out all day to see if you need anything." Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Alinthia House endeavoured to support people through declining health and when they required end of life care. The community nursing team confirmed they and the staff from the local hospice provided support to the home at these times.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported and people's care needs were recorded in an individual care plan. These care plans contained several documents which provided staff with information about what the person could continue to do for themselves and where people needed assistance. Each section of the plan covered a different area of the person's care needs, such as personal care, mobility, physical and mental health, continence, skin care and social care. Information was also recorded about people's past history and who and what was important to them. Although these were personalised to each individual they did not contain the same detail of information staff described to us. For example, people's preferred routines and how they liked to be supported were known by staff but not recorded in the care plan. The providers said they would review the information in these files and ensure they fully reflected people's preferences. There was evidence people had been involved in a monthly review of their care plan and were asked at each review if they had any requests or wished for any changes to be made. Daily care notes were detailed and provided staff with up to date information about how each person had spent their day. Staff told us they pass on information and changes in people's care needs to each other at the handover meetings between shifts. Appointments, such as for the GP, were recorded in the house diary which was available for all staff. During our inspection we observed the handover meeting between the morning and the afternoon staff. This provided a detailed account of how each person had spent their day as well as information about appointments or family visits.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People confirmed they had been consulted about their care needs, both prior to and since their admission and asked how they wished to be supported.

The home organised a number of social events each month, including musical entertainment such as a harp player who visited every two weeks. People told us they did not wish to participate in group activities such as quizzes or bingo and preferred to occupy themselves. People told us they enjoyed spending the morning reading the newspaper or listening to certain radio programmes. The providers told us they had a vehicle to take people out should they wish to go, and they were hopeful people would start to go out when the weather was warmer.

The providers worked in the home, both day and night and as such people, and their relatives, had the opportunity to talk to them and discuss any issues about how well they are being supported. When we asked people if there was anything that would make life more comfortable for them at Alinthia House they told us they couldn't think of anything as they had everything they needed. People told us they had no complaints about the home but if they did the providers and staff were approachable and they felt any concerns would be responded to. Their comments included. "You can't find fault", "I'm very comfortable here, I have no complaints" and "I would talk to [the providers] if I was upset about anything." The providers confirmed they had received no complaints within the past 12 months.

Good

Is the service well-led?

Our findings

People and staff told us the home was well managed. Staff were positive when asked if they felt supported and said they all worked well together as a team.

There was a friendly and open atmosphere at the home. The providers and staff were seen to interact warmly and professionally with people and each other. People were relaxed in the company of the providers and it was clear they had built a good rapport with people.

Throughout the PIR the providers referred to their vision and values for the home: to provide holistic, person-centred care that respected people's rights, privacy, dignity and independence. Staff told us they shared these values, and we saw these values demonstrated throughout their interactions with people. We saw staff in pleasant conversation with people and supporting people respectfully throughout the day.

The majority of feedback about the quality of the care and support provided by the home was gained informally through conversations with people, their relatives and the staff, and through observations of staff interaction with people. Periodically a survey was sent to people living at the home, their relatives, staff and healthcare professionals involved in people's care to formally gain feedback regarding the quality of the service. The providers confirmed the last survey had been in 2014 and they would be sending another out shortly. The results of the 2014 survey showed a very high level of satisfaction.

As the providers worked in the home every day, they reviewed health and safety issues, such as managing people's medicines, the cleanliness of the home and infection control practices, through their day to day involvement with people and staff. They also ensured equipment was clean, serviced and maintained in a safe working order.

They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and when necessary submitted notifications to us about any events or incidents they were required by law to tell us about. They were aware of their responsibility to their duty of candour. The duty of candour places requirements on providers to act in an open and transparent way in relation to providing care and treatment to people.

The providers kept their knowledge up to date by on-going training, reading care profession journals and attending local community meetings with other providers and health and social care professionals.