

Altham Care Limited

# Altham Care Home

## Inspection report

Burnley Road  
Clayton Le Moors  
Accrington  
Lancashire  
BB5 5TW

Tel: 01254396015

Website: [www.althamcare.co.uk](http://www.althamcare.co.uk)

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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

About the service: Altham Care Home is a residential care home that was providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. This included people with a diagnosis of dementia.

People's experience of using this service:

The service met the characteristics of good in all five key questions. Therefore, our overall rating for this service is good.

Assessments and care plans were in place. Although we found some had not always been updated in accordance with policy, staff felt the needs identified were current and they knew the people they cared for well. Following on from inspection the provider ensured specific risk assessments and strategies were in place.

Medicines were being managed safely but creams needed to be signed when opened and topical charts needed to be in place for all people.

People liked living in the service and the home had a warm, friendly atmosphere. People told us they felt safe. They were protected from abuse and discrimination. People told us that staffing levels were appropriate and staff responded in a timely way to people's needs. We saw that accidents and incidents were managed appropriately.

Staff told us they received a comprehensive induction and had the right skills and experience. People were complimentary about the meals at the service and the dining room experience was pleasant.

Staff had appropriate knowledge of the Mental Capacity Act (MCA) and appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made. People felt the staff were lovely. We observed staff to be kind, caring and empathetic. We saw that they treated people with dignity and respect. People were consulted about their care and families were involved in reviews.

The management had a visible presence within the home and positive feedback was given about them, in particular the new registered manager. Staff told us they felt well supported by the management.

Rating at last inspection: The service was inspected 8 June 2018 when we undertook a focused inspection and looked at two key areas, safe and well led. The service was rated good. The report was published 12 September 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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?

Good ●

The service was safe  
Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led  
Details are in our Well-Led findings below.

# Altham Care Home

## 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:

The inspection was carried out by one inspector and an Expert by Experience; the expert is a person who has personal experience of older people's services. A dental thematic inspector also attended the service as part of a pilot on oral hygiene needs.

Service and service type: The service was a care home without nursing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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.

Inspection site visit activity started on 17 December 2018 and ended on 18 December 2018.

#### What we did:

Prior to inspection we reviewed the information we held about the service, including notifications that the provider had sent us. A notification is information about significant events which the provider needs to send to us by law. We also contacted the local authority and the local Health-watch to seek their views about the service. We used this information to help plan the inspection.

During the inspection, we spoke to four people who lived at the service and spoke to four relatives. We spoke with the registered manager and all three of the directors of the company who owned the service. We also spoke with four members of care staff, the cook and a domestic staff. We looked at three people's care records and medicines administration records (MARs). We also looked at a range of records relating to

the running of the service, including training records, quality monitoring records, complaints, staff recruitment and policies and procedures.

After the inspection, the provider sent us additional evidence to corroborate findings as detailed in the report.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management, accidents, incidents,

- Risk assessments were in place. We saw evidence of waterlow assessments and fall risk assessments undertaken. Moving and handling assessments were also in place.
- We also saw that where people's behaviour presented a challenge to the service, this was not always monitored effectively. We saw minimal information around managing people's behaviour or strategies contained within care plans. Although staff were aware of one person's fluctuations in mood and temperament this was not always documented and there was little guidance for staff in terms of keeping this person and other people safe. We raised this with the provider who ensured a specific risk assessment was put in place.
- During our tour of the building, we noted that wardrobes were not secured to the walls. The provider ensured that this was addressed promptly following on from inspection, to reduce the risk of incidents.
- We did not review the safety certificates during this inspection, as these had been checked during the focussed inspection that took place in June 2018. The provider confirmed that there had been no changes since.
- People told us they felt safe, one relative told us, "She had a pressure sore, within a week of her being here, she's been here for three months, she was sorted. It was very deep and now she's okay, it's gone, she's improved, she'd lost a lot of weight in the previous home, down to 34 kilograms now up to 39kg, they do everything for her."
- We saw evidence of accidents and incidents that had been documented and actions taken to prevent a reoccurrence.

Staffing and recruitment

- We looked at three staff recruitment files and found that the provider had ensured that appropriate checks had taken place.
- There was a sufficient number of staff on to meet the needs of the residents. One person told us, "Yes there is enough staff and they respond to the buzzer.". Another person said, " We never have any problems with staffing. They don't use any agency, they use other staff to cover, so you get continuity."

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and a safeguarding adults' policy was in place. Staff we spoke with knew their responsibilities around keeping people safe and felt comfortable raising concerns.
- The local authority safeguarding team had recent involvement with the service regarding concerns around appropriate assessments of need and referrals not being made following a deterioration in health. These matters were still under investigation.

#### Using medicines safely

- Medicines were in the main being managed safely. However, people who required creams did not always have body maps in place. We also found that topical medicines were not being dated on opening. We raised this with the provider who ensured that this was actioned.
- Staff had received appropriate training in medication and competency checks were in place.

#### Preventing and controlling infection

- The home was clean. However, when we arrived at the home there was an intermittent odour. One relative we spoke with raised this as an issue. This was discussed with the registered manager who said that they would look at how they could address the odours more effectively.
- We spoke with the housekeeper and viewed cleaning rotas. People were happy with the cleanliness. One person told us, "Yes, we get cleaners in our rooms once a week and empty our bin daily, but say I'm eating and spill crumbs in my room they will Hoover it for me. I know I can trust them."
- All staff had received infection control training and were aware of their responsibilities in relation to this.

#### Learning lessons when things go wrong

- The service had demonstrated learning from a specific incident at the home, where a person had died. Additional security features had been installed to reduce the risk of the incident happening again. Learning from the incident had been shared with staff through individual supervisions and team meetings.



# 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

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

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

- Assessments and care plans were in place but had not always been updated in line with policy. Care files contained historic information and the provider may wish to consider streamlining some information. It was noted that the provider had recently invested in an IT based recording system, which had yet to be installed.
- The registered manager agreed that care files had required updating and that they were in the process of organising this. We saw that some of the paperwork was not signed and dated. This issue of information being outdated had already been highlighted through a recent safeguarding investigation.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Supporting people to eat and drink enough to maintain a balanced diet Staff support: induction, training, skills and experience

- People's nutritional intake was not monitored consistently. Food and fluid charts, where they were in place, were not always detailed enough. MUST scores were not routinely monitored. This meant that where people had weight loss, this was not always picked up and referrals to dieticians had not always been made. We were given assurances that was addressed in response to the recent safeguarding and we could see that monitoring had since taken place.
- The dining room experience was pleasant for people and people told us they were happy with the choice of food. The chef knew people and their preferences well.
- People told us the food was good. Where people required their meals to be pureed, it was well presented.

Staff working with other agencies to provide consistent, effective, timely care

- People told us they had access to outside professionals should they need it. However, feedback was mixed from relatives about whether the service referred to other agencies to ensure people's needs were met in a timely manner. We were aware of one person who was not referred to the occupational therapist and dietician which had resulted in a safeguarding being raised. Another relative told us, "The dietician and podiatrist have been, also the speech and language therapist. District nurses are in daily." We saw some evidence in care files to show that professionals had been involved in people's care.

Supporting people to live healthier lives, access healthcare services and support

- People's oral hygiene needs were not discussed on initial assessment. This meant that as these were not recorded, conversations about how they wished to be supported could not take place. This was raised with the registered manager who ensured that this amended in the initial assessments.
- We saw evidence of people being turned regularly to prevent pressure sores developing and visual 'time for turn' reminders were in place. One relative told us that their relative had a pressure sore when they came to Altham Care Home from a previous home, and within a week of receiving care at the home, it had improved.

Staff support: induction, training, skills and experience.

- Staff received a comprehensive induction and told us that they felt well supported.
- People were supported by staff who had received training relevant to their roles.
- Supervisions were taking place. We were advised that the format was changing to focus on specific issues such as training and development and safeguarding and dignity.
- Staff confirmed they were receiving supervision and support was available when required.

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

- The accommodation met the needs of the people who lived there and people described the service as being homely. They were encouraged to make their room personal with their belongings.
- The environment was dementia friendly. People had access to dementia dolls and tactile tablecloths. The service had ensured there were contrasting colours to make things stand out for people with dementia.
- People commented on how nice the garden was and that one resident and a staff member did the gardening together. One person said, "We sat in the garden every day in the summer, it's lovely."

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. The service was working within the principles of the MCA.
- We observed staff asking people for consent and people we spoke with confirmed this.
- We saw evidence of capacity assessments within care files, where DoLS applications had been made.

# 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

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

Ensuring people are well treated and supported; equality and diversity

- We received positive feedback about the approach of staff and the care and support delivered to people
- People told us staff treated them well and with kindness. Their comments included, "I love it here," and "It's like a 4-star hotel here, we are well looked after." Relatives felt that their family members were well cared for. They told us, "Our [relative] likes every one of the staff here. We find the owners really nice" and, "Oh yes [staff member] loves her and really takes an interest in her and gets her to eat."
- We observed positive interactions with staff during our inspection. Staff that we observed presented as compassionate, kind and caring.
- There were no restrictions for visitors to the service. People told us they could have their family members visit them whenever they wished.
- Policies were in place to guide staff around the importance of treating people equally and ensuring their rights were respected.

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

- We saw evidence of residents meetings taking place where various topics were discussed such as how they enjoyed their meals and the recent trip to the illuminations. They also had the opportunity to express things they would like to do, such as card making.
- People felt staff had taken the time to get to know them and they felt valued. They told us they had opportunities to express their views about the care they received.
- We observed staff supporting people to make decisions about their day to day care. Staff told us how they encouraged people to make their own decisions such as times of getting up and going to bed and menu planning. One person told us, "Sometimes at night I'll press the buzzer and get a coffee in the middle of the night."
- People felt communication was good within the service and they felt listened to.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their rights, preferences and dignity were respected. One person told us, "Yes. Like when they are giving me a bath they are patient, I'm not embarrassed, they get me relaxed." Another person said, "They usually knock, I notice that and they always draw those curtains when they are doing anything."
- People told us they felt supported to be independent. ● Staff told us that one person who was previously isolated now has a specially adapted chair to enable independence and so that they can choose to have their meals in the dining room if they so wish.
- All staff were aware of the need to maintain confidentiality.

# Is the service responsive?

## Our findings

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

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 had assessments and care plans in place. Although care plans were reviewed monthly they were some inconsistencies where information had not been updated.
- People told us they received support that met their individual needs.
- There was an activities board for each day displaying activities on offer and we saw photographs of events that taken place such as Halloween and Easter Bonnet parties and one residents 100th birthday celebrations. One person told us "There's a staff that helps me garden. I don't do too much, I've finished now until Spring, staff have really helped me and encouraged me." A relative told us, "One staff member does some singing and gardening. Our relative goes and watches the singer, he enjoys it. The ladies do crafts and bingo and colouring. They had carol singers on last week."
- Staff were aware of people's diverse needs and protected characteristics such as age, disability and gender.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure and people knew how to access this. They said, "Yes we have it in the book and it's at the front door." People knew who they could approach if they had any concerns.
  - No complaints had been received since the last inspection. One relative told us they complained once and it was sorted out, they said, "In three years that was the only one."
- Another person we spoke with said they had no concerns about the home, "Not a thing. In fact the opposite. Things get done. From when we arrived the director carried her bags in, really nice people."

End of life care and support

- The home had a policy and procedure for end of life care. Staff had received appropriate training and described how they cared for people with dignity and respect.

# 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.

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

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

- The service understood the duty of candour and were aware of their responsibilities.
- The culture of the organisation was described as open. Staff told us there was an open-door policy and they felt able to raise concerns.
- Staff felt the new registered manager was very supportive and approachable. One staff said, she was "Caring with a big heart. She is always helping and very visible." Relatives also expressed that she was well liked and they were confident in her, "We are very fond of her. She's really good and we really like her."
- People were complimentary about the wider management team. "Definitely approachable, oh good Lord yes. No problems whatsoever. They took everything on board. Before [relative] moved here they came to our house and had a long chat, very accommodating, they still are." Other comments about the management included, "All three partners are extremely approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits had been carried out. We saw evidence of weight monitoring, daily health and safety checks and, infection control and medication audits.
- Accidents and incidents were logged and lessons were learned.
- Policies and procedures covered all areas of the service and were available for staff to use as guidance in their day to day practice.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

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

- There were surveys for staff to feedback about the service. However, these were not easy to understand and there had been a poor response rate. We were advised that this was being re-evaluated to ensure the forms were more user friendly.
- Staff we spoke with were happy working in the home and they had felt been supported effectively by the management team.
- The service ran a carer of the month award and staff told us how they felt valued and worked well as a team.
- People who lived at the home had residents meetings to discuss issues such as menu planning, trips out

and activity plans. Surveys were also in place.

#### Continuous learning and improving care

- The service had experienced a difficult time of late following a serious incident and were open and honest about their experience. They had invested heavily in security within the service to prevent future incidents and had supported staff within the service.