Alness Lodge Limited

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Inspection report

50 Alness Road
Manchester
Greater Manchester
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 06 September 2016 and was unannounced. At the last inspection in October 2014, where we found the provider was meeting all the regulations we inspected.

Alness Lodge is a residential care home providing 24 hour personal care and accommodation for 10 people with mental health needs. The home is situated in the Whalley Range area of Manchester, close to local amenities and public transport routes.

At the time of our inspection the service had a registered manager. 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.

We found people's care plans and risk assessments had not been reviewed in a timely way and we could not establish if the information was still relevant and up to date.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. However, we noted some staff training had expired. Staff did have the opportunity to attend supervision, but this was not in line with the provider's procedure. We recommend the provider determines what timescale are appropriate for staff training requirements and how often the management team should carry out staff supervision meetings.

Staff spoke highly of the management team and felt well supported by them. There were checks in place, though these were not always effective when monitoring the quality of service delivery. We saw the provider had procedures on how complaints should be managed if any were to be received.

Staff we spoke with could tell us how they supported people to make decisions but not all staff had received Mental Capacity Act (2005) (MCA) or Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a good understanding of how to protect vulnerable adults.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. People's health was monitored as required so appropriate referrals to health professionals could be made.

People's privacy and dignity were respected. People engaged in a range of activities, both in-house and in the community. We observed interactions between staff and people were friendly and staff knew people well. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed. People were appropriately supported with their nutritional requirements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff had a good understanding of safeguarding and how to appropriately report abuse.

People were supported by sufficient numbers of staff that were skilled to meet their needs and to maximise their independence. The provider had effective recruitment procedures in place.

People's medicines were stored safely and they received them as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective in meeting people's needs.

Staff told us they received training to be able to carry out their role. However, we noted some staff training had expired. Staff did have the opportunity to attend supervision, but this was not in line with the provider's procedure. We recommend the provider determines what timescale are appropriate for staff training requirements and how often the management team should carry out staff supervision meetings.

Staff we spoke with could tell us how they supported people to make decisions but not all staff had received MCA or DoLS training.

People's nutritional needs were met and people attended regular healthcare appointments.

Is the service caring?

Good

The service was caring.

Care was provided by staff who knew the people they were supporting and was delivered in a kind, friendly and respectful manner.

Staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

We found people's care plans and risk assessments had not been reviewed in a timely way and we could not establish if the information was still relevant and up to date.

People had a programme of activity in accordance with their needs and preferences.

The registered manager told us there were no complaints open for the home at the time of our inspection. We saw the provider had procedures on how complaints should be managed if any were to be received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were checks in place, though these were not always effective when monitoring the quality of service delivery.

People who used the service and relatives were only asked to comment on the quality of care via day to day discussion which were not recorded.

The home was a small family run business and staff felt supported by the management team. Staff saw the managers daily.

Alness Lodge Limited

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 06 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

At the time of this inspection there were eight people who used the service. We spoke with four people who used the service, three members of staff, the assistant manager and the registered manager. We visited the service and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care plans.

Before the inspection, the provider had 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 also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. The local Authority stated no major concerns were raised at their last visit and there have been no complaints or safeguarding referrals this year for Alness lodge. Healthwatch responded to say they did not have any information regarding the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

People told us they felt safe in the home.

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us they would report any concerns to the registered manager and were confident they would respond appropriately. The registered manager understood how to report any safeguarding concerns. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training in 2015, however, two staff members had not completed safeguarding training since 2013 and one staff member since 2012. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice.

Staff we spoke with told us people were mobile and knew what to do if the fire alarm sounded. We saw the home's fire records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and the records we looked at confirmed this.

We saw water temperatures, window restrictors and the call monitoring system were checked on a monthly basis. The certificates we saw were in date. For example, gas safety certificate was dated August 2016. The assistant manager told us the electrical safety certificate was due to be renewed in December 2016.

Staff told us they felt confident and trained to deal with any emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

People we spoke with told us there was enough staff to meet their needs. One person said, "There is always someone to help when I need them." Another person said, "Staff are around to help."

There were sufficient numbers of staff available to keep people safe and to meet the needs of people who used the service. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. They said agency staff were never used. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. One staff member said, "We have enough staff and we cover if staff are sick. It is a good team." Another staff member said, "People are willing to take shifts."

The service operated a robust recruitment and selection process. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers

in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff files we looked at included an application form and references. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

People we spoke with told us they received their medication when needed. One person said, "They never forget to give me my medication."

The provider had written procedures for the safe storage, administration and disposal of medication. Checks of the medications were carried out weekly and any errors or omissions were investigated by the assistant or registered manager. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely.

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines. One staff member said, "Medication is safe."

Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR charts showed staff were signing for the medication they were giving. There was no evidence to indicate that any person living at the home was put at risk or had come to harm.

We noted some MAR's had been handwriting and not signed or checked to make sure the information had been transcribed accurately. The registered manager told us they would address this and would discuss with the pharmacy about having all the medication information on the MAR's already pre-printed.

On the day of our inspection we were told by the registered manager there were no controlled drugs in use, no one was using any prescribed creams or ointments, no medicines required refrigeration and no one was taking 'as and when required' medicines.

Requires Improvement

Is the service effective?

Our findings

Staff told us they were well supported and felt valued by the management team. One staff member said, "I feel I have enough training to do my job."

We looked at staff training records which showed staff had completed a range of training sessions, which included first aid, health and safety, medication and food hygiene and nutrition. The registered manager said they looked at the training information regularly to determine if staff required refresher training. They said staff training was renewed every three years. We saw from the providers training procedures that some training should be completed annually. The training record showed some staff training had been completed more than three years ago. For example, one staff member had not completed infection control training since February 2013 and another staff member had not completed safeguarding training since February 2013.

We saw staff also completed some specific training which helped support people living at the home. For example, schizophrenia. We noted some people had been diagnosed with Bipolar and the registered manager told us they had provided staff with a booklet on the condition. However, staff knowledge had not been checked. We saw staff were in progress of obtaining or had obtained National Vocational Qualifications. The registered manager told us they encouraged staff learning and supported staff were required.

Staff told us they completed an induction programme which included been shown around the home, shadowing and training. We looked at staff files and were able to see information relating to the completion of induction.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision. We saw staff had received an annual appraisal. However, supervision frequency was not in line with the providers procedures. We saw the procedure stated 'staff supervision should be a minimum of six times per year'.

In the PIR we asked the provider 'What improvements do you plan to introduce in the next 12 months that will make your service safer, and how will these be introduced? The provider stated 'Continuous monitoring: The monitoring of staff training, supervision and professional development. Updating of policies and procedures as required'.

We recommend the provider determines what timescale are appropriate for staff training requirements and how often the management team should carry out staff supervision meetings. We also recommend a review of the provider's policies and procedures to make sure the information is proportionate and appropriate for Alness Lodge.

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 when this is in their best interests and legally authorised under the MCA. (The application procedures for this in supported living settings are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.
Throughout our inspection we observed all staff asking people permission before they carried out any care or support activity.

The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection the registered manager told us no-one was subject to a DoLS authorisation and everyone had the capacity to make day to day decisions. They told us where needed, family members or the local authority managed people's finances.

We saw from the staff training records not all staff had completed MCA or DoLS training and the last training five staff member had was in 2012. The registered manager said staff had signed to say they had read the MCA/DoLS policy but they would look at what training was available for staff to attend.

People we spoke with were complimentary about the quality and quantity of food offered. Comments included, "Food is not bad", "Meals are gorgeous. We have a cooked dinner and sandwiches at night or egg on toast. I write a list of what I want and they get it for me" and "They make brilliant meals."

We saw the choice of lunchtime meal was in the kitchen and people were given a choice of two options. For example, mince and vegetables or spaghetti bolognaise. We saw the kitchen was well stocked with a variety of fresh produce for main meals and snacks.

Staff told us some people shop for themselves and other make a list of what they would like and a member of staff will do the shopping. They said this worked well. One person told us, "I go shopping sometimes for food." One staff member said, "Everyone eats very well and we have plenty of fresh food and veg. Sometimes residents help when we are making a meal." Another staff member said, "Food is healthy and people can buy themselves." A third staff member said, "Food looks nice and no one complains."

The registered manager told us everyone had a GP and some people attended a private dentist. They also said the district nursing team came to see people when needed. Staff told us people's health needs were catered for and they received support to attend health appointments if needed. They said if people became unwell then they would not hesitate to call either a GP or an ambulance. One staff member told us, "There is no delay in getting a GP if needed for both people's mental and physical health." Another staff member said, "If someone needs to see the GP we will ring for an appointment." The assistant manager told us people were supported to attend appointments.

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included GP's, chiropodists and psychiatrists.

Comments from people we spoke with included "I go to the doctors on my own" and "I am never in pain but I can go to the doctors."

Good

Is the service caring?

Our findings

People told us they were happy living at the home, the food was good and the staff were lovely. Comments included, "It's lovely", "My daughter is happy I am living here", "We are well looked after", "Staff are lovely", "It's nice", "I am happy here" and "All the staff are marvellous."

Staff we spoke with told us they were confident people received good care. Comments included, "People are definitely well looked after" and "I believe people are well looked after."

People were very comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw some people sitting in the lounge area watching television, some people had gone out and some people were spending time in their bedroom.

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff and registered manager they knew the people they supported very well. Staff spoke clearly when communicating with people and knew people by name, and conversations indicated they had also looked into what they liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of support and care where needed. We saw some people were involved in developing their care, support and care plan.

People had individual rooms and these were personalised with items such as photographs of their family and their favourite items. One person told us, "I have my own belongings in my room."

People we spoke with told us their dignity was respected and we saw people's dignity and privacy was respected. Staff confirmed they closed people bedroom and bathroom doors when providing personal care. One staff member told us, "We promote independence and people are able to go out."

Requires Improvement

Is the service responsive?

Our findings

People had a needs assessment from the local authority before they moved into the home. The local authority information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

Staff we spoke with said, "The care plans describe the individual", "Care plans are person centred", "Care plans tell you enough about people" and "Everything is clear."

We found the care plans we looked at contained some good information, however, we noted some care plans had been completed in 2015 and had not been reviewed.

The registered manager told us care plans should be reviewed three monthly. We saw care plans had not been reviewed within this timescale. For example, we saw one person's care plan for well-being and health was dated February 2016 but had not been reviewed. We saw another person's care plan for manic depression was date October 2015 but had not been reviewed. We also noted one person's care plan contained several care plans for mobility all with different dates. Following our inspection the registered manager told us the information in one person's psychological health care plan dated May 2016 supported information given by staff although we could did not see evidence on the day. The registered manager told us some information in the care plans needed to be archived. This meant staff could not be sure if all the information in the care plans was accurate and up to date.

We saw individual risk assessments were completed, which included risk to self and other, mobility and self-neglect. However, one person's risk assessments we looked at had been completed in February 2015 but had not been reviewed since. The registered manager told us the risk assessment should be reviewed annually. We saw one person's risk assessment stated the signs and symptoms for staff to look for if they were not well with one particular condition. When we spoke with staff they described different signs and symptoms for this person. The meant staff could not be sure if the guidance provided in the risk assessment was accurate and up to date.

In the PIR was asked the provider, 'What improvements do you plan to introduce in the next 12 months that will make your service safer, and how will these be introduced? The provider stated 'Reviewing of individual person-centred care plans in consultation with client, family and care professional. Risk management: medication, infection control, fire, falls. Also each resident has their own personalised risk assessment in their file, which is routinely reviewed.

The care plans did not fully reflect people's preferences or meet their needs appropriately. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

We saw people's activity schedules were based on their individual preferences and promoted their independence and community involvement. People had the opportunity to shop for food, go see family and

friends, go to the day centre and go to the gym. We saw a list of activities were displayed in the dining area of the home and included arts and craft and a fortnightly take out night. The registered manager told us they had cinema and theatre outings.

People we spoke with told us, "My daughter takes me out", "I listen to music in the conservatory", "I go to the day centre and would like to learn how to sew" and "I like to watch TV."

The registered manager told us there were no complaints open for the home at the time of our inspection. We saw the provider had procedures on how complaints should be managed if any were to be received. We saw 'how to make a complaint' was contained within the home's 'service user guide'.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. They were supported by an assistant manager.

We saw the home was a small family run business. Staff we spoke with told us the enjoyed working at the home, the home was well managed and the management team were approachable and supportive. Comments included, "The manager encourages you to do more, she is very good and fair and open to ideas. I am happy here"; "It is a family business. The service is well run, they are approachable and there is always someone at the end of a phone", "It is very well run, the manager is nice and approachable, there is always someone to contact. I am very happy here", "Really good management and staff are really helpful" and "Everything is fine, I am really happy."

Everyone we spoke with told us they knew who the manager was and said they were very visible. They were very positive about the staff and management of the home.

The registered manager told us they monitored the quality of the service by quality checks and talking with people and relatives. We saw medication administration records were checked on a weekly basis to make sure people were receiving their prescribed medication. We saw a monthly health and safety inspection had been completed for August 2016, which included décor, cleanliness, fire safety, food hygiene and staff safety. We noted 'décor' had been ticked as ok, however, we saw a hole in the kitchen wall, which the registered manager told us had been caused by a leaking pipe and a hole had to be made to access the pipe. This had not been recorded in the health and safety inspection. We also noted from the 2016 health and safety monthly inspections that no actions had been recorded. The assistant manager told us anything things would be addressed straightaway but these would not be recorded.

We completed a tour of the premises as part of our inspection. We looked at people's bedrooms (with their permission), the laundry, bathrooms, toilets, kitchen and communal living spaces. We saw the home odour free and generally clean and tidy. However, we noted the sealant around the upstairs and downstairs showers looked difficult to keep clean and some parts of the kitchen floor and cooker were not clean. The registered manager told us the showers were cleaned around after every use and they were looking at fitting a new kitchen within the next two months but would consider how to maintain the kitchen area before this.

We saw a building and environmental risk assessment had been completed, which included pathways, bathrooms, corridors and the entrance to the home. The risk assessment was dated 2013 but had been reviewed since.

Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. Records showed the registered manager reviewed the accidents and incidents and they signed the accident form. We asked the registered manager if they had

systems to monitor trends from accidents and incidents to minimise the risk of re-occurrence. They said they looked at the accidents forms but did not record an overview or trends of accidents and incidents.

Staff told us they had daily handover meetings, were able to discuss any issues with the registered manager at any time and had no difficulty in raising any concerns they might have. The assistant manager told us the daily handover meetings were not recorded. The registered manager told us staff meetings were not held regularly as they were in the home every day and they were a small service and they could speak with staff on a daily basis.

We saw a residents meeting had been held in October 2015 and July 2016 where discussion included trips out and Christmas celebrations. The registered manager told us they had not carried out staff or residents survey's for some time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care plans did not fully reflect people's preferences or meet their needs appropriately.