Eungella Care Ltd

Alder Grange

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

This inspection took place on 1 June 2016 and was unannounced.

Alder Grange provides residential care for a maximum of 21 people. At the time of our visit, 21 people lived at the home.

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.

The home had enough staff to meet people's needs. Staff had the skills, knowledge and experience to work well with people who lived at the home. This was due to an effective induction and on going staff training.

Staff understood safeguarding policies and procedures, and followed people's individual risk assessments to ensure they minimised any identified risks to people's health and social care.

Checks were carried out prior to staff starting work at Alder Grange to ensure their suitability to work with people in the home.

Medicines were managed safely and people received their prescribed medicines at the right time. Systems were in place to ensure medicines were ordered on time and stored safely in the home.

Staff respected and acted upon people's decisions. Where people did not have capacity to make informed decisions, 'best interest' decisions were taken on the person's behalf. This meant the service was adhering to the Mental Capacity Act 2005.

The provider met the requirements of the Deprivation of Liberty Safeguards (DoLS) and had followed the advice of the local authority DoLS team. The provider had referred some people to the local authority for an assessment when they thought the person's freedom was restricted, and referred others after our visit.

People were provided with sufficient to eat and drink and people's individual nutritional needs were well supported. People enjoyed the food provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People and visitors to the home were positive about the care provided by staff. Staff were caring and kind to people and supported people's privacy and dignity.

A wide range of activities were provided to meet people's individual interests and to promote engagement with other people who lived in the home.

People who lived at Alder Grange, their relatives, and staff, felt able to speak with management and share their views about the service. Complaints were responded to appropriately.

The management team were respected by people and their relatives. Staff felt supported by management and by the 'open' culture in the home. The provider sought to continually improve the service provided.

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.

People felt safe at Alder Grange. Staff knew how to protect and safeguard people from abuse and other risks related to their care and support needs. There was enough staff on duty to support people. Medicines were administered safely. Premises and equipment were safe for people to use.

Is the service effective?

Good

The service was effective.

Staff had received training and support to provide effective care to people who lived at Alder Grange. Staff understood people's rights under the Mental Capacity Act, and the provider was meeting their legal requirements under Deprivation of Liberty Safeguards. People enjoyed the food and drink provided which met their needs. People saw other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect. Staff enjoyed working with the people who lived at the home, and said they supported people as they would their own family. Visitors were welcomed at the home.

Is the service responsive?

Good

The service was responsive.

People enjoyed a range of group and individual activities, and staff knew people's personal histories, likes and dislikes. Management were responsive to any concerns or issues raised by people or their relations.

Is the service well-led?

Good

The service was well-led

The service had an open and approachable management team. Staff felt well supported by management. People were supported to have a good quality of life, and the provider, and management team worked hard to continually improve the service provided.

Alder Grange

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.

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The inspection took place on 1 June 2016 and was unannounced. One inspector conducted this inspection.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS.

We had not requested the provider send us a Provider Information Return (PIR). However we gave the provider an opportunity to send us further information about the service subsequent to our visit.

During our visit, we spoke with four people who lived at the home, two relatives, two volunteers (who were also relatives of people who had used the service) and four staff members. We also spoke with the registered manager, the deputy manager and the provider of the home. We spent time in the communal areas of the home engaging with the activities and finding out how staff supported people who lived there. After our visit we spoke with two healthcare professionals and another relative by phone.

We reviewed three people's care plans to see how their care and support was planned and delivered and looked at how medicines were managed. We looked at other records related to people's care and how the service operated. This included recruitment checks, and checks management took to assure themselves that people received a good quality service.

Good

Is the service safe?

Our findings

We looked at staffing levels in the home. There were enough staff to care for people safely. A person told us, "There seems to be enough staff. At night time when I get ready for bed there's a bit of a rush, but I don't think I have had to ask for anything."

Throughout our visit staff supported people at the times they needed and wanted it. Support given was unhurried, and staff worked with the person at their pace. Since our last visit, the premises had been extended with the number of people who could live at Alder Grange increasing from a maximum of 15 to 21.

Staffing levels had changed to reflect the increase in the number of people who lived in the home. The management team had previously identified with staff, times in the morning and afternoon when staff struggled to support people's needs. To overcome this, they had recruited agency staff to meet these needs. The agency sent the same staff to the home each day and this meant people received continuity of care by staff who knew them well.

Staff were supported by two volunteers. The volunteers had undertaken training to help them meet people's needs safely. Both volunteers were relations of people who had lived, or were living in the home. They both told us they felt their relations were and had been safe at the home.

People were protected by the provider's recruitment practices. We checked two staff files and spoke with staff about their recruitment. We found the registered manager checked staff were of good character before they started working at the home. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were unable to work until their recruitment checks had been completed. DBS checks had also been made for the volunteers.

The administration of medicines was managed safely and people received the medicines prescribed to them. Medicines were stored securely and there were good systems to ensure there was a sufficient stock for each person. Each person had a hospital 'grab' sheet which could be given to paramedics when an ambulance was called. This provided the paramedics and hospital staff with information about the person's medicines, their photo (for identification) and allergies.

Medicine administration records (MARs) were accurately completed. However we saw no record of prescribed creams being administered. The deputy manager said they did not record this, but would make sure they did so in future. By the end of our visit, a record had been put in place for staff to complete each time the person's cream was applied. This meant we could see that the person had received their creams as prescribed. We looked at medicines prescribed on an 'as required' basis. There was no medicine plan which gave staff directions about when and why 'as required' medicines should be offered to people. This is important if people cannot communicate their own needs. The medicine plan provides instructions to ensure staff are consistent in their approach. The deputy manager rectified this on the day of our visit.

There were regular checks to ensure medicines were being administered safely. Staff who administered medicines had received training to do so safely, and had their competency checked at regular intervals.

We saw a medicines administered to people at lunchtime. The member of staff administering medicines recorded medicines given correctly in the MAR of each person. The staff member talked with people about the medicines they received, so they understood what they were for. For example, with one person they said, "[Name], this is the tablet you have just had introduced." They went on to offer the person choice of water or juice, with which to take their medicine.

People were safe and protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Staff had undertaken training to safeguard people from abuse. We asked staff how they would keep people safe if they were concerned a person had been abused. They told us, "I would go straight to the manager, and depending on what they did (if they did not take action), I would go to the CQC or somebody higher." Another said the same, and added, "They [people who lived at the home] should never feel frightened."

The registered manager notified us when there had been any concerns raised about the safety of people. This included notifications when people had fallen, and concerns about safeguarding. Accidents and incidents were logged and appropriate action was taken at the time to support the individual and to check for trends or patterns in incidents which took place.

The registered manager had assessed risks to people's individual health and wellbeing. The risk assessments explained to staff what the risks were to each person and the action they should take to minimise the risks. For example, one person's record showed that staff had spent time monitoring a person who was unable to verbally communicate their needs, to find out why they sometimes became very upset. The monitoring identified the person got upset when they felt unclean, or if anything nearby them was unclean. During our visit, we saw the person had at lunchtime accidentally dropped fish into their drink. They became very upset, and staff could see the reason why. As soon as the drink was replaced with a fresh glass, the person became calm.

The premises and equipment were safe for people to use. Fire checks were undertaken regularly, and the home was maintained well. The new extension had been designed with the care of people who lived with dementia in mind. For example, the light switches were of a different colour to make them more noticeable. The design supported people to navigate safely from their bedrooms to the communal areas.

The provider had also replaced all the thermostatic mixing valves (TMVs) to the sinks in people's bedrooms. This was to minimise the risk of scalding. To provide a greater degree of rigour in testing the water for safety, the provider had recently employed a company to undertake regular water temperature testing. The company also serviced all TMV's; and ensured the twice yearly legionella testing was undertaken (legionella is the bacterium which can cause Legionnaires disease, and can be found in hot water systems).

The provider informed us their next steps were to replace the bathrooms with more modern fittings which would meet the needs of people whatever their mobility, and offer choices of baths and showers to people.

Good

Is the service effective?

Our findings

Staff had received training to meet people's needs. A person told us, "I like it here very much; we get looked after very well." All staff we spoke with were very enthusiastic about the training provided at the home. We asked staff how, when they first started work at the service, they had learned about the home and the needs of people who lived there. They told us they worked alongside more experienced staff as part of their induction, learned about policies and procedures and received training considered essential to meet people's health and social care needs. This included training to move people safely, first aid and infection control.

Staff received training to support people's specific needs. For example, one person was registered blind. Staff had completed sensory loss training; and the home was looking at getting further training from the Royal National Institute for the Blind. They had also undertaken training to support people who lived with dementia and further training such as National Vocational Qualifications in health and social care to further develop their practice as social care workers. The activity worker told us they had received training to support them with their activity work and received a lot of support from the registered manager and the owner of the service to provide activities that were meaningful and interesting to people.

All staff were undertaking the Care Certificate. The Care Certificate was introduced to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. During our visit we saw staff put their training into practice. We saw staff adhere to health and hygiene good practice, speak with people with respect, and support people effectively to meet their needs.

Staff received regular support from management. Individual supervision sessions had been scheduled to support staff in understanding their roles and to help them look at what training they might need in the future. One member of staff told us they had requested training to increase their understanding of mental health issues, and management were looking in to this for them. All staff received annual appraisals of their roles and responsibilities.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager and staff understood their responsibilities under the Act. They had undertaken training about the MCA, and knew the importance of gaining consent from people, and where required, making decisions in the person's best interest. A member of staff told us, "The MCA training gives you insight about coping with difficult situations, for example, with medication when you need to try to persuade

someone to have medicines in their best interest."

Where a person was unable to make their own decisions we saw decisions had been taken in their best interest. For example, one person was not taking their medicines. The GP, and pharmacist felt it was in the person's best interest to continue to take the medicines, and agreed they could do this by having them crushed. This had been documented by the home. Care records also indicated whether people had capacity to make their own decisions. For example one person's 'At a Glance' support plan, said, "I am dependent on others to make decisions in my best interests."

The MCA was intrinsic in the care records. These recorded what staff had done and acknowledged that care undertaken had been provided with consent. During the course of our visit we saw staff asked for people's consent before they undertook any task which involved the person. For example, the activity worker needed to move people's walking frames to make more space for an activity. We heard them say "[Name], I'm going to need to move your frame to one side, is that OK?" They then waited for the person to respond before moving the frame. Later we saw staff ask people if they minded wearing clothes protectors whilst they ate their lunch to stop food being spilled down them.

We looked at Do not Attempt Cardio-Pulmonary Resuscitation (DNACPR) records to check these had been authorised in the person's best interest. We saw two where we could not determine why clinically, it was not advisable, or in the person's best interest to undertake CPR. This was because the reasons for the decision had not been recorded on the form. After our visit the provider confirmed to us, the GP had been contacted and they would review the DNACPR records to ensure they were fully completed.

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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications were made to the supervisory body, however we asked the provider to check whether other people who lived in the home required DoLS applications. This was because there were people who lived in the home who did not have capacity and who had been deemed as unsafe to leave the home on their own. The provider contacted us after our visit to confirm that DoLS applications had been made for these people.

People received food and drink which met their needs. All people we spoke with told us how good the food was. One of the volunteers told us, "The food is lovely – the lamb roast dinner is something to die for." A person told us the food was, "Brilliant, we've got a very good cook, no matter what they are cooking it's brilliant." Another person said, "The cook is very good, the roast chicken dinner is my favourite." The cook was on annual leave the day we visited the home. Instead, people looked forward to a 'fish and chip' dinner from the local chip shop. We saw people enjoyed this meal.

People were assessed to check whether they were at risk of dehydration or malnutrition. Food and fluid monitoring took place where assessments had determined people were at risk; and weight checks were undertaken to see whether weight was increasing. People were referred to the GP, dietician, or speech and language therapist for further advice when required.

People received support to maintain their health and wellbeing. People saw other health and social care professionals when necessary to meet their physical and mental health needs. We spoke with the district nursing team. They told us they enjoyed visiting the home, and people who lived at the home were looked after well. The GP who supported many of the people who lived at Alder Grange told us they had a good working relationship with the staff at the home, and staff were, "Happy to take their advice." They told us this home was, "Amongst the best."

Good

Is the service caring?

Our findings

People, relatives and professionals spoke highly of the care provided at Alder Grange. For example, one person told us, "I think it is lovely [the home]. They're [staff] all really good to us, night and day. They can't do enough for you." A GP, who visited the home often, told us, "If I was a bit older I'd be booking my place now. The home has a good spirit and it feels positive. I am always happy to go there."

Most of the people, staff, relatives and professionals we spoke with talked of the 'feel' of the home. One person told us they did not initially think their relatives had found them the right home. They said they 'hated it' when they first arrived, but they now understood why their relations thought it would be the best for them because they were very settled and happy and it felt like home to them.

Both volunteers we spoke with, either had a parent who currently lived at the home, or who had lived at the home. One of the volunteers told us, "It's very caring and loving. You can see it in the carers. I looked at three homes, but when I came here [to Alder Grange], I knew, I just knew." The other volunteer told us, "It's like a real home, not clinical or institutional. Here it is just lovely and homely – it's like a family of people."

Whilst staff were busy throughout the day, staff had enough time to speak with people and make them feel they mattered. For example, one member of staff spoke with people about their diet and the challenges of losing weight. People joined in the discussion and offered the staff member advice. We saw many occasions where staff and people were laughing and bantering with each other. A relative told us, "The girls [staff] have a laugh with [person]."

Staff checked whether people were comfortable, and acknowledged the activities and interests they were involved with throughout the day. One person told us they had only lived at the home for a couple of days prior to our visit. The person did not initially want to join in with the activity provided in the morning. We saw staff encourage the person to join in, which they did, and appeared to gain some pleasure from it. Later on in the day we saw them engage with other people during a different activity and had begun to form friendships.

Staff spoke to people with respect, and upheld their privacy and dignity. For example, at lunchtime we saw staff ask people if they wanted to wear clothes protectors. These stopped food being spilled on people's clothes and preserved people's dignity. Staff made sure any requests for support with personal care were done discreetly, and personal care was provided behind closed doors. Staff gave us examples of how they ensured people's privacy and dignity was protected during personal care. They told us about discreet placing of towels on the person's body, and how they changed continence pads so the person was also not exposed during the process.

Staff understood people's individual needs. They told us they had opportunities to read people's care plans to find out about people's needs as well as their likes, dislikes and preferences. The activity worker told us they spent time, on a person's arrival, getting to know them, finding out about their previous interests and experiences and writing this in a document called, 'My Life' which all staff could read. Staff also knew about

people's changing needs through staff 'handover' meetings. These are meetings which take place at the beginning of a work shift when staff from the previous shift, handover information about people to staff starting their shift.

People were involved in decisions about their care. During the day we saw people made their own decisions about how they wanted to spend their day. They chose whether to stay in their own bedrooms, or if they wanted to sit with other people, they chose which of the communal areas they preferred to sit in. People decided what meals they wanted and when they got up out of bed, and when they returned to bed later in the evening.

Staff told us when they updated care plans, they sat next to the person to go through the care plan and check the person was okay with what was being written. The care records showed that people or their designated relative had agreed with information in their care plans.

We asked staff what they thought about the care provided at Alder Grange. One member of staff told us, "This is the best home I have ever worked in, and I have worked in a few homes. The girls really work hard. The residents want for nothing here." Another said, "I've been working in care before and they don't care like this [at Alder Grange]." Staff told us they felt cared for by the provider and the registered manager. One staff member summed it up by saying, "This home is very close. Everyone rallies around. We care for one another. I look after the residents here like I would my own mum."

The provider worked at the home most days during the week, and sometimes supported the staff at the week-end if staff cover was needed. The provider told us the home was, "My baby." The provider demonstrated through discussion with us, their commitment to ensuring people had good quality care, and that staff were supported well to provide a caring environment. They felt the home was like an extended family.

People were supported and encouraged to maintain relationships important to them. All people who lived at the home at the time of our visit had family and friends who were able to act as advocates if the need arose. Visitors were welcomed at the home at any time during the day time and evening.

Good

Is the service responsive?

Our findings

Staff understood people's personal histories, their likes, dislikes and preferences. Care records were partly written from the perspective of the individual. For example, 'At a glance' information about a person was individualised, such as, "I sometimes cannot understand due to my dementia." Care records had sufficient information about the person but did not always go into detail. For example, when the record informed about hygiene regime the person required, it said how often the person wanted a bath or a shower, but didn't detail what products the person might want to use when washing, and how much of the activity the person could do themselves.

Each person's care was regularly reviewed and people and their relatives were involved in the review process. One person told us, "Staff do sometimes ask about care. If I am not happy about anything I will tell them." Each person who lived at Alder Grange had a key worker. The key worker was responsible for keeping the person's room tidy, making sure they had the toiletries they wanted, and keeping in contact with the person's friends and family as required.

The home was responsive to people's needs and wants. For example, during meal time we saw people used adapted crockery and cutlery to support them to eat independently.

People were supported to follow their interests and hobbies; and take part in social activities that were meaningful to them. Two activity workers were employed at the home. They understood the importance of having both group activities and individualised activities. On the day of our visit, in the morning we saw a game of 'hoopla' played with a group of people, and in the afternoon a smaller group of people played a game of 'Jenga'. We saw one person, who was unable to walk, used a machine which helped give their legs exercise whilst they were sat down. There were examples of arts and crafts people had been involved with on display in one of the communal areas. There were also other games such as dominoes and word games available to people.

The activity worker on duty during our visit told us the home was a member of a national organisation which supported activities in care homes. They received a magazine with new activity ideas each month, and there were activities they could download from the website. They told us the provider supported them in being responsive to people's individual needs. Their car was insured so they could take people out individually on trips and they told us the previous day they had taken one of the people who lived at the home out to a local park to feed the ducks. The activity worker told us, "We have people here in their seventies through to their nineties. We have to adapt to be person centred." They also told us they made good use of the garden to give people opportunities to do activities outside and enjoy the fresh air.

We saw union jack flags were up in the home. We were told the home was celebrating with Queen's 90th birthday with a barbecue in the garden. Organised trips also took place. People had recently been to a zoo, and as a consequence of input from people at the most recent resident meeting, people went to Gladstone museum.

We found the communal areas had recently been changed. Each communal room had places where people could sit at the table to undertake activities or eat their meals, as well as lounge chairs for sitting and relaxing in. The communal areas also gave people choices as to whether they wanted to sit in a quiet space, sit in a room with a TV, or sit in a room with music playing. During our visit we heard the Glen Millar band playing, and songs from the 40s and 50s which people enjoyed listening to and singing along to.

One of the people we spoke with invited us to go into their bedroom and look at their room. We saw the person's room was very personalised with their ornaments and objects of interest to them.

People were provided with opportunities to share their views about the service. The home used to have monthly 'resident meetings' where people could discuss their views about the home. On their request, the meetings were reduced to once every quarter of a year. The last meeting was held in February 2016 and ten people who lived at the home attended. The notes showed that a couple of people had requested different activities. These had been bought as requested.

People and their relatives understood how to complain about the service. The service user guide gave people and their relative's information about how to complain, and the complaints procedure was also on display when people entered the home. We found there had been one formal complaint in the last year. We saw this had been responded to appropriately and in line with the complaint policy and procedure. Recently there had been concerns raised by a person about laundry and the home was looking at this to see how they could improve the laundry service.

One volunteer told us, that when their relative still lived at the home, "I was always speaking to the manager. I was looking for everything to be spot on and questioned loads of things. They [management] were very approachable, really good."

Good

Is the service well-led?

Our findings

People and staff told us the home was well-managed. One person told us, "I like it here. The people are ever so good to us. They're good people."

Alder Grange was managed by a team of people who had worked at the home for a number of years. The provider had owned the home for nine years and was 'hands-on'. They worked at the home at least four days a week. They mostly undertook office based work at the home; however they were a qualified nurse and had a very good understanding and knowledge of care.

The registered manager, deputy and team manager, all had a good understanding of their individual roles and responsibilities. They had good skills and knowledge to support staff in the work they undertook. They, along with the provider met as a management team each week to discuss issues related to the home and to ensure good care was being delivered.

Staff felt supported by the management team. They told us the home felt like a 'family'. They received regular individual meetings, and team meetings where they could discuss their roles and share their views about the management of the home. One staff member told us, "They're your employers but also your friend. I would be able to approach them. They help out as much as they can." Another said, "We can voice our opinions and say if there are any problems… Management are brilliant, they're really good, we can go and talk to them…The management support us so we can support the residents."

The provider understood their legal responsibilities. Since our last visit, the provider had increased the number of people who could live at the home from 15 to 21. They had gone through the right registration processes with the CQC to vary their registration to increase the numbers of people who could live at the home. The registered manager had also sent us notifications about important events at the service.
The provider had a clear vision and set of values for the service. The service user guide incorporated a Service User Charter. This actively encouraged people to maintain and develop their chosen lifestyle during their time at Alder Grange. It listed a set of rights each person should expect such as, 'To be cared for and respected by highly trained, sensitive and empathetic staff members who will strive to ensure they are able to achieve the highest possible quality of life during their time at Alder Grange.' We saw all the rights listed in the service user charter were implemented at the home.

There was a system of checks to assure management that good care was being delivered in a safe environment. This included health and safety checks, infection control checks and medicine checks.

The provider regularly asked people, staff, relatives and professionals their opinions about the quality of service provided. We looked at the findings of the quality assurance questionnaires completed in April 2016. They showed that mostly people, relatives and staff were happy with the care provided. Where issues had been raised, these had been addressed. For example, staff felt supported by management but had concerns that meetings were not as regular as they would have liked them to be. This had been addressed and meetings were now in the diary to ensure they took place. People had said staff were too busy to talk with

them. The provider had acted on this and increased staffing at key points in the morning and afternoon. Relatives had said they did not always know what activities went on in the home. The provider had asked the activity workers to email relatives to inform them of the activities that had taken place.