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Alinthia House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 April 2018 and was announced.

Alinthia House was rated good at our previous inspection in April 2016. Incidents had been brought to the attention of the local authority and the home was in a whole service safeguarding process from February 2018 until 4 April 2018. Concerns identified related to lack of detail in care plans and risk assessments, response to incidents, and issues not being identified and escalated to relevant professionals. The provider and registered manager were working with the local authority to make the improvements needed.

Alinthia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People who live in the home receive nursing care through the local community health team. The home provides both short and long term care. The care home accommodates up to seven people in one adapted building. At the time of our inspection, five people were living in the home.

One of the registered providers was the 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.

At the time of this inspection, the home was working with the local authority's quality assurance and improvement team (QAIT). They were reviewing the quality and effectiveness of the home's documentation and systems to monitor people's safety and well-being. The process had not been fully completed and some risk assessments were not in place to reflect people's needs. The registered manager had started to update care plans to show how people's care and support needs should be met. Whilst there had been improvements to the care plans, further detail was needed to ensure people's needs were met consistently.

Recruitment and selection processes for new staff had not always been fully completed. Following our inspection, the required information was obtained. As the provider had not carried out all the checks prior to new staff working with people, there was a risk people may be cared for by unsuitable staff.

The provider had recently introduced a quality assurance tool which was provided by the QAIT team. They told us they were going to use this tool to monitor the quality and safety of the service. Areas for improvement had not been identified and recommendations made by another agency had not been completed. This quality assurance system was not yet in place and embedded.

People told us they were supported by staff who were kind and caring. Comments included "I'm very happy here" and "The staff are very kind". The atmosphere in the home was warm and welcoming and we saw

laughter and warmth between people and staff. People told us staff knew how to meet their needs and did things the way they liked. People told us they enjoyed their meals and their preferences were respected. Each person we spoke with told us they were happy with everything and didn't need to complain about anything.

People told us they felt safe living at the home. Staff told us they felt able to report any concerns and were confident that if they raised concerns, action would be taken to make sure people were safe. There were enough staff to meet people's needs and to spend time socialising with them. People received their medicines safely and medicines were stored securely.

The premises were clean and smelt fresh throughout. The premises had been adapted to meet the needs of people. A new stair lift had been fitted so people with limited mobility could get up and downstairs.

We found breaches 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?

Requires Improvement ●

The service was not always safe.

People were not always protected from potential harm as risks were not assessed.

Staff recruitment procedures were not always robust.

Medicines were managed safely.

People benefited from enough staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People benefited from staff who knew them well and did things the way they liked.

People enjoyed home cooked meals and their preferences were respected.

People's rights were respected and staff had a good knowledge of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People benefited from staff who took time to listen to them and get to know them. Staff had formed caring relationships with people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were being reviewed and updated but needed more information.

People chose how to spend their time and take part in activities.

People were confident they would be listened to if they were concerned about anything, and action would be taken.

Is the service well-led?

The service was not always well-led.

There was no system in place to assess and monitor the quality of the service. Areas for improvement had not been identified and recommendations had not been completed.

People benefited from having a stable management and staff team who knew them well.

People and staff were asked for feedback on how the service was run.

Requires Improvement 

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 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.

Incidents had been brought to the attention of the local authority and the home had been in a whole service safeguarding process from February 2018 until 4th April 2018.

This inspection took place on 11th April 2018. We gave the service three working days' notice of the inspection because it is small and we needed to be sure the registered manager and provider would be in. One adult social care inspector undertook the inspection. Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider and registered manager to give some key information about the service, what the service did well and improvements they planned to make.

Before the inspection we reviewed information we held about the service. This included previous inspection reports, information from other agencies and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with all of the five people who lived at the home. We spoke with the registered manager, provider, two staff, a relative, a visitor, and two visiting healthcare professionals. We looked at the care records for three people. We reviewed how the home supported people with their medicines. We also looked at records relating to staff recruitment and training and the running of the home.

Is the service safe?

Our findings

At the time of this inspection, the home was working with the local authority's quality assurance and improvement team (QAIT) to review the quality and effectiveness of the home's documentation and systems to monitor people's safety and well-being. The process had not been fully completed and we found some risk assessments were not in place to reflect people's needs.

Risks to people were not always assessed. For example, one person had choked on a piece of meat in December 2017. They were admitted to hospital and given advice on discharge. This stated to provide a soft diet, monitor and supervise them when eating, and to slightly thicken fluids. The hospital discharge team had requested a swallowing assessment with a speech and language therapist. This assessment had not taken place and had not been followed up by the home. The registered manager told us the person did not have any issue with swallowing and food was cut up. At lunchtime, they had sausages cut into pieces. This person ate in their room; staff were not present but checked on them several times. A staff member told us this person could at times drink quickly and had been known to start to choke. There was no risk assessment relating to this person's risk of choking.

We identified a number of potential risks to people's health and welfare. Whilst the provider told us people currently living at the home were not at risk, they did not demonstrate a good understanding of general risk management, and were not making records in relation to risk management. For example there were no risk assessments to demonstrate consideration had been given to the risks posed by unrestricted windows, by objects which could be harmful to people such as razors and cleaning fluids, or to wardrobes which had not been secured to the wall. In addition, whilst staff demonstrated a good understanding in relation to risks associated with moving and handling, this was not recorded.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment and selection processes for new staff had not always been fully completed. For example, one staff member had started work at the home in February 2018. They had previously worked in care. The registered manager told us they had sent a reference request to the staff member's previous employer but not received a response. Following the announcement of our inspection, the registered manager sent an email to the employer. The reference was then received at the home on 12 April 2018. This staff member's police check (DBS) was dated 14 March 2018. The provider told us they had seen the staff member's previous DBS check. The provider had not carried out a risk assessment in relation to the staff member starting work before their reference and DBS check were received. Another staff file did not contain a health declaration. The registered manager spoke with this staff member during the inspection. The third staff file contained the required checks. As the provider had not carried out all the checks prior to new staff working with people, there was a risk people may be cared for by unsuitable staff.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises and equipment were checked and maintained. Checks had been carried out for gas safety, electrical installation and testing, moving and handling equipment. The service was inspected by the local fire service in February 2018. They had made recommendations relating to checks on bedroom doors, exit from doors, and devices that hold doors open. We saw that the locks had been changed on the kitchen and lounge doors. The hold open devices were still in place on the kitchen and laundry doors. The registered manager told us they were reviewing these.

People told us they felt safe living at the home. Staff told us they felt able to report any concerns and were confident that if they raised concerns, action would be taken to make sure people were safe.

There were enough staff to meet people's needs and to spend time socialising with them. We saw staff met people's physical needs, spent time socialising with them, and provided reassurance to people who needed it. People confirmed staff were available if they needed them. The provider had introduced a waking night staff to ensure people's needs were met. The provider and registered manager were also on the premises overnight.

People received their medicines safely. Medicines were stored securely. Records showed people had received their medicines as prescribed by their doctor to promote good health.

The premises were clean and smelt fresh throughout. Systems were in place to prevent and control the spread of infection. Gloves and aprons were available throughout the home. In July 2016, the local environment health team inspected the home and awarded a food hygiene rating of '5'. This was the highest rating achievable.

Is the service effective?

Our findings

People told us staff knew how to meet their needs and did things the way they liked. New staff completed 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. Staff told us they were happy with the training they received. Staff had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Staff were encouraged to work towards diplomas in health and social care.

All the staff we spoke with told us they felt well supported. They worked with the provider and registered manager every day. The registered manager regularly carried out observations of staff work practice. This helped to ensure staff were providing appropriate care and were respectful with people.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA). Staff told us each person living in the home was able to make day to day decisions. Staff told us they gained consent from people before carrying out personal care and respected people's choices. The registered manager had MCA documents available if they needed to carry out mental capacity assessments to check whether people had capacity to make decisions. Where people needed support to make significant decisions, relatives held power of attorney for health and welfare. This meant they could make decisions about their relative's care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no one living at the home was being deprived of their liberty.

People told us they were supported to visit or be visited by healthcare professionals when needed. We saw people had been visited by doctors, dentists, district nurses, opticians, chiropodist, and occupational therapists. When people needed specific equipment to meet their needs, this was purchased by the provider.

People told us they enjoyed their meals. The provider prepared home cooked meals each day and the smell of cooking throughout the home was appetising. There was a list of people's food preferences in the kitchen. Several people chose to eat their meal in the dining room. Other people chose to eat their meal in their bedroom. The mealtime experience in the dining room was relaxed and sociable. People enjoyed sausages, potato and vegetables. People were regularly offered a choice of drinks throughout the day. People were weighed each month to ensure they maintained a healthy weight.

The premises had been adapted to meet the needs of people. A new stair lift had been fitted so people with limited mobility could get up and downstairs. The premises were well maintained and decorated to a high standard. The provider had built an extension with an additional four bedrooms with en-suite sink and toilet and a shared bathroom and these were awaiting completion.

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. Comments included "I'm very happy here" and "The staff are very kind". The atmosphere in the home was warm and welcoming and we saw laughter and warmth between people and staff. A relative told us they were always made to feel welcome and offered a hot drink. They commented that their relation was always happy when they visited. A visitor told us "It's the nearest to your home as opposed to a home."

Throughout our inspection, we saw interactions between people and staff were extremely kind and caring. We observed staff treating people affectionately. Staff spoke in a friendly manner and took time to listen to people and respond to them. Staff showed patience and supported people at their own pace. Staff used appropriate touch to reassure people and engaged with people for short periods throughout the day.

Staff told us about the people they supported. They knew people well and were able to tell us about people's preferences and personal histories. For example, one person had recently moved into the home. They had a photo of their cat on the wall and told us how important their cat was to them. The service had allowed their relative to bring the cat in for a visit. They told us how much they had enjoyed this.

People or their representatives were involved in decisions about their care. People said they were able to make choices. People's likes, dislikes, preferences, routines and histories were included in their care plans. One person's relative told us staff kept them well informed about any changes.

People's privacy and dignity were respected. Staff had a good awareness of how to respect people. People looked well presented and their clothes were clean and matching. One person said "They always make sure I'm well turned out." People were supported and encouraged to be as independent as possible. When staff were walking with one person, they commented "You're doing really well." Staff encouraged people to carry out their own personal care when they were able to.

People and their relatives had sent the service compliments about the care and kindness they had received. We saw a number of thank you cards. The home had also been reviewed on a care home review website. Seven reviews had given them an overall rating of 9.3 out of 10. Comments included "Very helpful and accommodating", "The staff have been extremely kind, caring and professional" and "Alinthia benefits from being a smaller establishment and the staff are able to get to know the residents well."

Is the service responsive?

Our findings

Following the local authority's quality assurance and improvement team (QAIT) visits, the service had started to update care plans to show how people's care and support needs should be met.

People had care plans in place to provide guidance for staff. Additional information had been added when they had been updated in March 2018. Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. Each person's care plan contained important information about people's backgrounds and histories.

Whilst there had been improvements to the care plans, further detail was needed to ensure people's needs were met consistently. For example, one person had a specific medical condition which could affect their mood. Staff told us how the medical condition affected this person and how they managed this. The care plan did not contain this information.

One person had recently moved to the home. Staff were supporting this person to recover health and previous activity levels under the guidance of the intermediate care team. Two visiting healthcare professionals told us they had found the service responsive. They said staff always asked them how their daily visit with the person had gone. Staff spent time walking with this person each day. This person's relative told us their loved one was well looked after. They were impressed that staff had encouraged this person to have a bath, as they had not had one for years.

The registered manager was aware of the Accessible Information Standard (AIS) and the need to plan on how to meet people's communication needs. The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. At the time of our inspection, no one had communication needs relating to a disability, impairment or sensory loss.

Staff shared information about each person at handovers. These were held each time the staff on duty changed. This information was recorded in each person's daily records.

People enjoyed spending time with each other, were comfortable in each other's company and chatted together. People were offered the opportunity to take part in a variety of activities and social events. This included visiting musical entertainers, artwork, games, and pamper sessions. People told us they enjoyed pamper sessions when they had their nails painted and proudly showed us their nails.

During the inspection, people were listening to music, reading, and chatting together. We saw staff had lots of short interactions with people. Staff spoke with people and encouraged them to sing. People joined in with the singing and visibly brightened during these times. One person's hairdresser visited during the inspection. Another person spent time with their relative.

The service celebrated events such as Christmas, Easter, royal events, and Birthdays. Staff brought in cards and presents and a Birthday cake was shared.

People's care plans contained information about their end of life care wishes where these were known. At the time of the inspection no-one was receiving end of life care. Staff had previously supported people at this time in their life. One relative had commented "(name) was lucky enough to have her last years in a home from home environment."

As the provider and registered manager were always visible in the home, people were able to talk with them if they had any concerns. Each person we spoke with told us they were happy with everything and didn't need to complain about anything. Comments included "No complaints" and "They couldn't do anything better." The provider had not received any complaints in the past 12 months. We received information from the Local Government Ombudsman who were not happy with the way the provider had managed a complaint. The local government ombudsman investigates complaints from members of the public when they have not been satisfied with the provider's response. Following our inspection, the provider updated their complaints procedure.

Is the service well-led?

Our findings

Systems in place to manage risk were not robust. Although the provider had recently introduced a quality assurance tool, this had failed to identify the issues we found.

Concerns had been identified by visiting professionals which related to lack of detail in care plans and risk assessments, response to incidents, and issues not being identified and escalated to relevant professionals. The provider and registered manager were working with the local authority to make the improvements needed. For example, people's care needs were reviewed by the local authority. Referrals were made to healthcare professionals where assessments were needed. The registered manager was reviewing and updating the care plans.

The local authority quality assurance and improvement team (QAIT) had visited the home on two occasions in March 2018. At their second visit on 23 March 2018, they found progress was being made with care plans. One care plan they looked at was more person centred and contained appropriate risk assessments. The second care plan they looked at needed more information in relation to risks to the person's health.

The provider had recently introduced a quality assurance tool which was provided by the QAIT team. They told us they were going to use this tool to monitor the quality and safety of the service. The provider had not picked up areas for improvement until they were identified by the QAIT team. This quality assurance system was not yet in place and embedded. When we visited, we found risks had not always been assessed to ensure people remained safe. Records that guided staff on how to support people safely were insufficiently detailed.

The Local Government Ombudsman had made recommendations to the provider in November 2016, with a one month timescale. They recommended the provider reviewed the way it handles complaints. At the time of our inspection, the provider had not completed these recommendations. Following our inspection, the provider sent us an updated complaints procedure.

This showed the systems in place to assess and monitor the quality of the service were not fully effective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had submitted notifications about incidents they were required by law to tell us about. Two notifications related to pressure sores and were sent retrospectively, after we requested them. One pressure sore had occurred in December 2017 and the other one in January 2018. We received the notifications in April 2018.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider and registered manager told us they wanted to create a real home for people and told us they

thought it was important to "bring some laughter to it." Staff shared these values and we observed warm interactions and laughter during our inspection.

The provider and registered manager were very visible in the home. They worked alongside staff to provide care and support. People told us the provider and registered manager were approachable. The provider and registered manager chatted with the people who lived in the home on a daily basis. They asked for informal feedback regularly and carried out observations to ensure staff were carrying out their role effectively.

Staff told us they felt well supported and worked well as a team. Staff commented "They're really nice employers" and "We talk all the time." At the end of their shift, one staff member thanked another staff member for their support.

The provider and registered manager told us they read information to keep up to date with current best practice. They received the monthly updates from the CQC and had subscribed to monthly care magazines.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Commission without delay when incidents occurred. Regulation 18 (2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks about the health, safety and welfare of people had not been assessed. The provider had not done all that was reasonably practicable to mitigate risks. Regulation 12 (1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess and monitor the service. Records for each person were not accurate and up to date. Regulation 17 (1)(2)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated

effectively and checks were not confirmed before staff were employed.

Regulation 19(1)(a)(2)