

Altham Care Limited

Altham Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Altham Care Home is a residential care home that was providing accommodation, care and support to 32 people at the time of the inspection, some of who were living with dementia. The service can support up to 36 people.

People's experience of using this service and what we found

Systems and processes safeguarded people from the risk of abuse. People told us they felt safe in the service and staff were confident the management team would act quickly to keep people safe.

The management team understood their responsibility to be open and honest when something went wrong. Systems were in place to ensure lessons were learnt from any incidents. We discussed how the recording of more detail would further support learning.

Risks to people's health, safety and wellbeing were managed well. Accidents and incidents were being recorded, reviewed and acted on. Equipment was safe to use and regularly serviced and maintained. Environmental risks and shortfalls, found at the last inspection, were being addressed with an ongoing improvement plan in place.

Staffing levels had improved and additional staff recruited to ensure people received prompt care and support. Staff, people and their relatives told us there were sufficient staff available. Staff received appropriate training and support. The recruitment systems ensured staff had the right skills and character to work with vulnerable people.

The home was clean and fresh smelling and staff followed safe infection control practices. People told us the cleanliness of the home had improved. Medicines were managed safely.

The management team had worked hard to address the shortfalls found at the last inspection. People, their relatives and staff told us they were happy with the service and with the recent improvements made. Systems to check the quality of the service and to monitor staff practice were effective with clear evidence improvements had taken place. People's views were sought about the service with good evidence they were listened to.

People were involved in decisions about their care and support. Care was planned in a person-centred way. The records reflected people's choices and preferences which helped ensure good outcomes for people. Records were accurate and organised. Management and staff worked in partnership with other agencies to ensure effective, coordinated care and support for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 6 April 2020). There were multiple breaches of regulation and the service was placed in special measures. This meant the service was kept under review and an inspection would be undertaken within six months to ensure significant improvements have been made. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

During this inspection, the provider demonstrated that improvements have been made in Safe and Well-Led. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27, 28 and 29 January 2020. Breaches of legal requirements were found in safe, effective, caring, responsive and well-led. Warning notices were served in relation to Regulation 17 - Good Governance, Regulation 18 - Staffing and Regulation 12 - Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was placed in special measures. We also made a recommendation about the management of some medicines.

We undertook this focused inspection to follow up on whether the warning notices we previously served, had been met. We also checked they had followed their action plan and to confirm they now met legal requirements in Safe and Well-Led. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Altham Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Altham Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check whether the provider had met the requirements of the warning notices served in relation to Regulation 17 - Good Governance, Regulation 18 - Staffing and Regulation 12 - Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also checked they had followed their action plan and confirmed they now met legal requirements in Safe and Well-Led.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Altham Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave 24 hours' notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. During the inspection visit, we spoke with four people living in the home, both registered managers and two directors of the service.

We looked at some areas of the home and looked at a range of documents and written records including four people's care plans and other associated documentation, four staff recruitment and induction records, staffing rotas, training and supervision records, minutes from meetings, complaints records, medication records, maintenance certificates and records relating to the auditing and monitoring of service.

After the inspection

We spoke with four relatives, two care staff, the cook and the activity person. We also spoke with a healthcare professional who regularly visited the service. We continued to seek clarification from the provider to validate evidence found. We looked at records sent to us before and after the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the registered managers and provider failed to ensure effective safeguarding systems and processes were followed. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider ensured people were protected from the risk of abuse. Staff had access to appropriate policies and procedures and training and understood how to raise any concerns about poor practice.
- The management team and staff were clear about when to report incidents and safeguarding concerns. Staff were confident the management team would act quickly to keep people safe if they reported any concerns.
- People told us they felt safe living in the service. One person said, "The staff are lovely. They make sure I am safe. I feel safe." A relative said, "We have no complaints and think she's safe."
- Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made with regards to any restrictions in place.

Assessing risk, safety monitoring and management

At our last inspection, the registered managers and provider failed to ensure people were safe from risks within the environment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered managers and staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way.
- Equipment was serviced and maintained in accordance with manufacturers recommendations. A range of internal checks had been carried out, to ensure they were fit for use and clean. Environmental risks and shortfalls, found at the last inspection, were being addressed with an ongoing improvement plan in place. A maintenance person had been employed since the last inspection.
- Accidents and incidents were being recorded and acted on. The registered managers reviewed the

information to determine whether there were any trends or patterns. We discussed how the information in the analysis tool could be more detailed.

Staffing and recruitment

At our last inspection, the registered managers and provider failed to ensure adequate staffing levels were consistently in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels had been reviewed following the last inspection to ensure people received prompt care and support. Staff, people and their relatives told us there were sufficient staff available to meet their needs.

At our last inspection, the registered managers and provider failed to ensure robust recruitment systems and processes were always in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved recruitment systems and processes. The relevant pre-employment checks were completed to make sure staff had the right skills and character to work with vulnerable people.
- Health risk assessments were in place for all staff. We discussed with the registered manager, the importance of always checking people's fitness to undertake the role following an offer of employment. The registered manager agreed to address this.

Preventing and controlling infection

At our last inspection, the registered managers and provider failed to ensure appropriate hygiene standards were maintained. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- All areas of the home were clean and fresh smelling. Areas noted at the last inspection had been addressed. Staff told us the cleanliness of the home had improved. One person told us, "The staff work really hard to keep everything clean." A relative said, "We saw a big difference in the cleanliness of the home after the last inspection."
- The provider had systems to help prevent the spread of infection and staff had received training in this area. Additional cleaning staff had been employed and detailed cleaning schedules were followed.
- Staff followed safe infection control practices. Additional systems and guidance were in place to reduce the risk of infection during the pandemic. A healthcare professional told us staff had done a 'stirling job' during the pandemic.

Using medicines safely

At our last inspection, we recommended the provider sought guidance on the safe management of external medicines. The provider had made improvements.

The registered managers and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service. We discussed with the registered manager, how the recording of more detail would support learning.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated Inadequate. At this inspection, this key question has improved to requires improvement.

Whilst this key question has improved and there are no breaches in regulation in relation to how the service is led, the rating is limited to requires improvement as there are breaches of regulation in the other key questions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the registered managers and provider failed to ensure people achieved good outcomes for people, to identify and drive improvements and to manage risks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered managers and staff knew people well. They encouraged people to make decisions about their care and support and managed risks to their health and well-being; care records were detailed and reflected people's choices and preferences. This helped ensure good outcomes for people. People and their relatives told us they were happy with the service and were involved in decisions.
- The registered managers were visible around the service and had developed good relationships with people. One registered manager was consistently referred to during our discussions as being approachable and available.
- Effective systems to check the quality of the service and to monitor staff practice were in place. Action had been taken to address any shortfalls with clear evidence improvements had taken place.
- The management team had made improvements to ensure records were accurate, accessible and organised. We noted recent gaps in two of the daily care records. We discussed this with the registered manager who immediately introduced weekly audits. We also noted the analysis of accidents and incidents needed further development; the registered manager addressed this.
- Staff told us they enjoyed working at the service and felt supported. They understood their individual responsibilities to service delivery. They made positive comments about the recent changes. Comments included, "It's a good home and has definitely improved since the last inspection", "Things are improving, and communication has improved. Everything has improved" and "People are looked after. We treat them like they were our mum or dad. It's all about them."

- Learning and development processes had improved for all staff. Training and supervision sessions were used to ensure learning and improvements took place. Staff confirmed their learning needs were discussed regularly and additional training had been sought. Staff meetings were being re-introduced in smaller groups due to the pandemic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers and provider understood the duty of candour and their responsibility to be open and honest when something went wrong.
- Staff described the culture of the service as open. They said the management team was approachable and they felt they were listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, the registered managers and provider failed to adequately seek and act on feedback. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improved feedback systems were in place. These included regular meetings and customer satisfaction surveys to make sure people, visitors and staff were happy with the service and to ensure their diverse needs were met. There was good evidence people were listened to and improvements made. Care plans also considered people's diverse needs.
- There were effective communication systems to keep people updated. People confirmed they were kept up to date with any changes.

Working in partnership with others

- Management and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people. We received positive feedback from a visiting healthcare professional. They told us management and staff communicated well with them and contacted them for advice when needed.