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Alsager Court Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This focused inspection took place on 24 October 2016 and was unannounced.

We previously carried out an unannounced inspection of this service on 7 December 2015 and 11 January 2016. After that inspection we received concerns in relation to the standard of care, specifically about the use of agency staff and their knowledge of people's needs, the appropriate management of risk and safeguarding the people who lived at the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those concerns. You can read the report from our last inspection, by selecting the 'all reports' link for Alsager Court on our website at www.cqc.org.uk.

Alsager Court Care Home with nursing is part of the Blanchworth Care group and is registered with the Care Quality Commission (CQC) to provide accommodation and personal care with nursing for up to 27 older people. During the inspection there were 21 people living at the service, including one person who was in hospital.

There was a registered manager in post at the time of our inspection. 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.

Overall we found that people were comfortable and at ease in the home's environment. The people and relatives' who were able to speak with us provided positive feedback. We found that the registered manager understood her responsibility to identify and report any suspicion of abuse. Where necessary she had taken appropriate action to protect people so that their safety was maintained.

We found that there were sufficient staff to meet the needs of people living at the home. The registered manager was knowledgeable about the people living at the home and used this knowledge to determine staffing levels, although there was no specific tool that was used for this purpose. Therefore we recommend that a suitable staffing tool is sourced and utilised, to ensure a systematic approach to determine the number of staff and range of skills required to meet people's needs.

The level of agency staff being used by the home had recently increased. The registered manager demonstrated that she was actively recruiting new staff and there were people in the recruitment pipeline awaiting appropriate recruitment checks. Agency staff were given information about people's needs but we found that this information needed to be more robust and consistent. The registered manager was already in the process of re-instating care folders which would contain a one page profile of people's needs.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls, weight loss and bedrails. Risk assessments identified actions were put into place to reduce the risks to the person and were reviewed regularly. We specifically looked at the risks to people around maintaining a safe environment to ensure that staff used the safest procedures when supporting people. Staff were required to carry out frequent monitoring checks for some people. Staff were required to sign charts which indicated when they had carried out these checks. We found that the monitoring records were not entirely accurate all of the time, although people were monitored on a regular basis. We recommend that staff should accurately record the time of any observational checks, so that these correctly reflect the times that the observations were carried out.

Care plans provided detailed and updated information about people's care needs. However in one case we found that some aspects of the care being provided had not been detailed fully in the care plan.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that the service was not consistently safe.

There were sufficient staff to meet the needs of people living at the home. The registered manager was actively recruiting new staff.

There had been an increase in the use of agency staff to ensure where there were staff shortages, that people's needs were met safely. Information shared with agency staff needed to be more robust and consistent.

Care plans and risk assessments identified actions were put into place to reduce the risks to the person and were reviewed regularly. We found that some improvements were required to the accurate recording of observational checks and the level of detail within the care plans.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection

Requires Improvement 

Alsager Court Care Home with Nursing

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.

We undertook a focused inspection of Alsager Court on 24 October 2016. We carried out this inspection in response to concerns raised by a member of the public about the standard of care provided at the home. We inspected the service against one of the five questions we ask about services: is the service safe? This was because the concerns raised by the member of the public highlighted a risk that the provider may not meeting legal requirements in relation to this question.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. We also reviewed information from the local authority commissioning team.

During the inspection we spoke with four people who lived at the home, two visitors and one visiting GP. We also spoke with staff including the registered manager, an agency nurse, one care assistant and two agency care assistants.

During the inspection we made observations of the care and support provided to people, including how the staff interacted with the people. We also made specific observations of the way that people were supported when they remained in their bedrooms. We completed a tour of the home and inspected bathrooms, toilets, the lounge and dining room. We examined a number of records relating to the day to day management of

the service including staff rotas, complaints, handover records and audits. We also inspected three of the care records of people living at the home.

After our inspection we contacted a GP practice and the local authority quality assurance and contracts team for their views about the service.

Is the service safe?

Our findings

Throughout our inspection staff were observed to be caring in their approach and we saw that people were comfortable and at ease in the home's environment. The people who were able to express their views told us that they were happy living at the home. One person commented "It's lovely here and the staff are kind."

The Care Quality Commission (CQC) had received concerns about the staffing levels at Alsager Court and in particular the increased use of agency staff. (These are staff who are employed by a separate organisation which provides staff to services that require them). The information received also included concerns about the standard of care being provided, such as the safe management of risks and level of monitoring or supervision that people received.

We saw that the registered manager maintained a safeguarding file, which contained information about any safeguarding issues which had been identified. We saw that where necessary referrals had been made to the local authority to report concerns, any necessary actions were carried out and the outcomes were recorded. CQC had also been appropriately notified of any safeguarding referrals. This demonstrated that the registered manager understood her responsibility to identify and report any suspicion of abuse. We saw that where necessary she had taken appropriate action to protect people so that their safety was maintained.

During the inspection we found that there were sufficient staff to meet people's needs. When we arrived we checked the level of staff on duty at the home and found that there was one agency nurse, four carers (two were provided by an agency), the activities coordinator plus the registered manager on duty. The registered manager informed us that they were appropriately staffed. She informed us that current staffing levels consisted of one nurse and four carers from 7am until 1pm and one nurse plus three carers from 1pm until 7am. There was one nurse and two carers on duty throughout the night. We reviewed the staffing rotas from the previous month and found that these staffing levels had been maintained. Our observations also indicated that there were sufficient staff to respond appropriately to people's needs. We heard that where call bells were activated staff responded quickly. A relative who we spoke with told us they had found that staffing levels had recently improved.

We asked the registered manager how staffing levels were calculated so that the level of people's individual needs were taken into account. The registered manager told us that assessments were undertaken when people move into the home and we saw that these were currently being updated. The assessments indicated the level of care that the people required, such as nursing care or residential care. We found that the registered manager was very knowledgeable about the needs of all of the people living at the home and had a good understanding of the level of support each required. The registered manager advised us that the provider did not use a specific staffing tool to enable them to calculate the level of staff required based on people's dependency levels. However, she informed us that she was in the process of identifying a suitable tool which would be appropriate for use at Alsager Court. We recommend that a suitable staffing tool is sourced and utilised, to ensure a systematic approach to determine the number of staff and range of skills required to meet people's needs.

We saw that agency staff had been used to cover where there were staff shortages and this usage had increased over recent weeks. There was an agency member of staff present most days. We were informed that this has been due in part to several members of staff who had left the employment of Alsager Court, for differing reasons. The registered manager was actively recruiting for new staff. Two nurses and three carers were in the recruitment pipeline and were awaiting appropriate recruitment checks before starting work. These new staff should result in the reduction of the use of agency staff in the near future.

The registered manager explained to us that agency staff were currently used when necessary to ensure people's needs were met as safely as possible. She told us that she ensured that agency staff always worked alongside a permanent member of staff, so that they received appropriate guidance and support. The staff we spoke with during the inspection confirmed that this was the case and had knowledge about the needs of the people living at the home. However, we found there to be some variation in the type of information that agency staff had received. One staff member told us they had received information about people's needs, fire procedures, and storage of equipment and had been introduced to people. Another said that they had received information during handover but would have liked more detailed information, although noted that she had been given information about people's mobility and nutritional needs.

We asked the registered manager about the induction of agency staff and how she ensured that these staff understood the needs of the people living at the home. We were advised that the nurse was responsible for inducting new staff and all staff attended the handover meeting at the start of each shift, where relevant information was shared between staff. However we noted that this information may not always be sufficiently detailed or consistent. The registered manager advised that all necessary information was also available in people's care plans, which all staff had access to. People who required the support of two care staff due to more complex needs would always be supported by a permanent member of staff as well as an agency member of staff. She demonstrated that an agency induction folder was in place which contained information, including fire procedures. We saw that reports which summarised people's nutritional and mobility/ specialist equipment needs, had been updated ready for inclusion with the handover of information.

We saw that there was a signature sheet within the agency folder, which agency staff signed to confirm they had received the information contained within it. However we found that this had not been consistently signed by all agency staff. The registered manager agreed that she would address this immediately. She informed us that she was already in the process of re-instating information folders for people living at the home. These would contain specific records, such as observation charts and she planned to include a one page summary of people's needs within these folders. This information would be in addition to the care plans, but would ensure that staff had easy access to important information and records.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls, weight loss and bedrails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly. For example we saw that a risk assessment had been completed for one person regarding the risk of pressure ulcers. A plan to reduce the risks had been implemented which indicated the need for a specialist airwave mattress. We checked and confirmed that the person had the appropriate type of mattress in place, which was set at the correct setting for the person's weight. In another example, we saw that based on an assessment of risk, it had been identified that only a nurse should support a person with their eating needs. The nurse we spoke with during the inspection was clear about this person's needs. They had been provided with a pureed meal and thickened fluids, as identified in the person's care plans. The nurse was aware of the need for the person to be seated upright whilst eating their meal. We spoke with a visiting doctor who had no concerns about the management of risks at the home.

Overall the care plans and risk assessments we reviewed included detailed information. People's care needs had been kept under regular review and updated accordingly. We saw that where necessary appropriate assessments had been carried out. However prior to the inspection, we had been made aware of some specific requirements that had been identified for one person, to ensure that any potential risks were minimised. We found that staff were aware of these requirements and were carrying them out in practice, but these had not been fully recorded in the person's care plan documentation. We raised this with the registered manager who informed us that this information would be incorporated into the care plan.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Systems were in place to manage and report incidents and accidents. We saw that a monthly audit was also undertaken to identify the number of accident, type and time they occurred. We saw that there was some further information about actions that could be taken to prevent them happening in future.

We specifically looked at the risks to people around maintaining a safe environment to ensure that staff used the safest procedures when supporting people. We saw that risk assessments were in place to identify when people needed to use a hoist or other safety equipment. They also indicated when other types of equipment were required. Throughout the inspection we visited people in their bedrooms, when they were nursed in bed. We saw that people looked comfortable and appropriate equipment was in place. One person had sensor mats in their room to alert staff if any unauthorised person mistakenly entered their bedroom. We checked that the mat was working and found that a member of staff responded to the alarm very quickly.

Some risk assessments had been completed which identified the need to monitor some people on a regular basis. Staff told us that they were required to carry out frequent monitoring checks for some people. Staff were required to sign charts which indicated when they had carried out these checks. We found that the monitoring records were not entirely accurate all of the time. For example one person required fifteen minute observational checks. Whilst we found that staff were undertaking regular monitoring we saw that on two occasions staff records did not accurately reflect the time that the observations were made. This was because staff signed a pre headed chart, (headed for every 15 minutes), rather than stating the time that they actually carried out the check. We raised this with the registered manager, who told us that she had general oversight of the people who required regular checks and we observed during the inspection that she also regularly monitored these people. We recommend that staff should accurately record the time of any observational checks, so that these correctly reflect the times that the observations were carried out.

We found that the registered manager was aware of her duty to ensure that people were protected but to also ensure that people's freedom was supported as far as possible. She demonstrated her understanding of the need to support people in a manner that was as least restrictive as possible, as required by The Mental Capacity Act (2005).

During the inspection, we were informed that there was no hot water available in one person's bedroom. We checked this during the inspection and found this to be the case. We discussed this with the registered manager who demonstrated that regular water temperature checks were carried out. Following the inspection we received information to confirm there was sufficient hot water available throughout the building and that this had been a very temporary issue which had been resolved.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

