

HC-One No.1 Limited

Altham Court Care Home

Inspection report

Altham Terrace
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Lincolnshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Altham Court Care Home is a residential care home providing regulated activities personal and nursing care, to up to 48 people in one adapted building. The service provides support to older and younger people and those with a physical disability. At the time of our inspection there were 38 people using the service.

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

People were protected from abuse and staff understood their responsibilities and ways to report any concerns of abuse to the registered manager. However, Care Quality Commission (CQC) were not notified about one case of abuse between people.

People's risks around environment, care and treatment, medicines and other factors were understood and addressed by staff.

Staff told us and rotas identified a shortfall in staffing at times, however people told us they did not feel impacted by this.

Medicines were managed safely.

Infection prevention and control was generally effective and where an issue was identified with staff not wearing face masks correctly, this was promptly addressed by the registered manager.

Incidents and complaints were handled correctly by the registered manager.

Where documentation had not been completed fully by staff, the management team addressed this in clinical staff meetings.

The provider and management team were committed to improvement at the service. Audits were completed and feedback was sought from people, relatives and staff to identify what improvements could be made.

The registered manager and provider understood their responsibilities to be open, honest and apologise if things went wrong.

There was a positive culture at the home. Staff told us they felt supported by the management team.

People were supported in a person-centred way.

The management team worked in partnership with others well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 requires improvement (published 11 January 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and warning notices had been lifted.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and also concerns we received about staffing. The overall rating for the service has not changed following this focused inspection and remains requires improvement.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as 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 Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Altham Court 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed over two days, with one inspector attending both days. On the first day a Specialist Advisor and an Expert by Experience also attended. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Altham Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Altham Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who use the service, and five relatives about their experiences of the care provided. We spoke with two external health and social care professionals who were involved in people's care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 members of staff including nursing staff, care staff, a chef, a domestic cleaner, a maintenance person and the registered manager. We reviewed a range of records. This included nine people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, policies and procedures were reviewed.

After the inspection we continued to seek clarification from the nominated individual to validate evidence found. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection the provider had failed to provide sufficient staff numbers. 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.

- There were occasional days when the service's own minimum staffing levels had not been reached. There were some difficulties on inspection in establishing the provider's definition of what constituted safe staffing levels. There was confusion over whether the deputy manager was supernumerary. Supernumerary meant the deputy manager would be on site, but not counted in the staffing levels. The nominated individual confirmed the deputy was not supernumerary, which meant staffing met the service's safe staffing levels most of the time.
- Since the last inspection improvements have been made with staffing. The times call bells were answered had improved and people's experience of staffing was better. The majority of people and relatives felt there were enough staff on duty to meet people's needs. Comments included; "There is no waiting because there is enough staff." One person told us staff responded to their requests for assistance promptly. However, one relative commented about a delay due to staffing. They said, "At times I suppose (person's name) has wanted the commode and has asked for someone but there has been no one there." And one person told us, "There can be some delays."
- Six staff out of the 10 we spoke with reported staffing was an issue at the home. One staff member said, "We are currently working with agency a lot at the moment which is frustrating for us and the residents as well."
- Staffing was being addressed by an active recruitment programme. And the registered manager told us they tried to use regular agency staff to provide consistency.
- The provider had satisfactory recruitment practices and staff records confirmed appropriate checks were undertaken before they supported people in the service

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly identify and manage risks associated with people's care. This was a breach of regulation 12(1) 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.

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- The required health and safety and equipment checks were taking place.
- Records were kept of accidents and incidents. However, a post falls checklist attached to the incident record had not always been completed. Immediate action was taken by the registered manager to address this.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks were documented.

Systems and processes to safeguard people from the risk of abuse

- We identified on inspection there was one safeguarding incident which had not been reported to CQC. The registered manager was quick to address this and formally submitted the information to us the same day.
- People were protected from the risk of avoidable harm, abuse and discrimination.
- Staff were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team. One relative told us, "My relative is safe here and they feel safe."
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or staff. One person who used the service told us, "I would talk to the manager if I had a problem."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management appropriate to their level and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'as and when required', we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- The service used an electronic medicines management system. This alerted staff if any medicines had not

been administered on time and helped ensure action would be taken to resolve any queries.

- Medicines audits were completed on a regular basis. This identified if and where further improvements were required and helped ensure action would be taken to implement any improvements.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Some care workers were seen to not change their mask after taking a break to eat and drink, which was addressed by the registered manager at inspection. We have signposted the provider to resources to develop their approach.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider followed government guidance on visiting in care home. Visitors were encouraged to change into face masks provided by the service on arrival at the care home.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any safety concerns.
- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- The registered manager had developed a lessons learnt log and they planned to use this to increase recording of lessons learnt.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At last inspection the provider failed to have sufficient systems to assess, monitor and improve the quality and safety of the service. 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. However, CQC need to be assured going forward that the changes made promote consistent good practice and continued improvements over time.

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

- As detailed in the Safe section of this report, we identified CQC had not been informed when a safeguarding incident occurred at the home. The registered manager was quick to apologise for this, accepting responsibility and submitted the information to CQC immediately. However due to the lack of suitable explanation for this delay, this limits the rating for this key question to requires improvement.
- The manager and provider understood their responsibilities to be open, honest and apologise if things went wrong
- The provider had acted on the duty of candour by informing people and their relatives about the shortfalls found at the service by CQC at last inspection. They had been open and honest with people and shared their actions to show how improvements were being achieved
- We saw how complaints systems were in place and these had been followed when complaints had been made to the service.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was open and transparent about what improvements had been made and what was still needed to ensure the service continued to improve. They acknowledged the continuing shortage of staff and were able to describe a range of ways they are trying to recruit and retain staff.
- The management were quick to address concerns identified at inspection. For example, when it was brought to the attention of the deputy manager that temperature recordings were required in a room where feed was stored, to be provided to a person through a tube into their stomach, they started monitoring the temperature immediately.
- The provider and management team were committed to the continuous improvement of the service and

staff received supervision and support to develop their practice.

- Regular safety and quality audits were carried out to measure performance and generate improvements. When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the staff team and staff told us they felt supported by the management team. The staff told us that they enjoyed working at the service. One staff member said about the management team, "They have given me a really positive experience, they have been patient, supportive and they have made me confident and valued in my role."
- The majority of feedback from people and relatives was positive about the home and how it was run. Comments from relatives about the management included, "They are always happy to help and always pleasant. They always have time for you." We observed a friendly, welcoming and inclusive culture within the home.
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people.
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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

- People provided mixed feedback about lines of communication and control. For example, two people and two relatives we spoke to did not know who the registered manager was. On the other hand, many relatives were confident any issues would be addressed with good communication. One relative said, "They keep me updated well. If there are any concerns, they ring me. I was kept well up to date with what was happening during COVID."
- Residents' meetings were held regularly. The meetings focused on activities people would like to see included on the activities timetable. There was evidence this had been listened to and requested activities were introduced. The registered manager recognised this meeting could be used in future to gain more feedback to drive forward improvement in other areas as well.
- Two relatives told us they would or have recommended the care home to other people.
- Staff meetings were held regularly, and staff were encouraged to air their views.

Working in partnership with others

- The registered manager worked well in partnership with others. We spoke to two professionals who support people at Altham Court Care Home. One told us the staff were, "Well organised." and the registered manager was, "Excellent." Whilst the other professional said management were, "Responsive and proactive."
- Referrals were made where appropriate, for example to physiotherapy.