

Alton House Partnership

# Alton House Care Home - Hayling Island

## Inspection report

37 St Leonards Avenue  
Hayling Island  
Hampshire  
PO11 9BN

Tel: 02392462910  
Website: [www.altoncaregroup.com](http://www.altoncaregroup.com)

Date of inspection visit:  
09 June 2021

Date of publication:  
21 July 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Alton House Care Home accommodates up to 18 people in one adapted building, some of whom are living with dementia. At the time of the inspection the home was providing care and support to 16 people.

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

The provider did not have sufficient oversight of all of the systems in the service. When safeguarding concerns were highlighted to the provider, they did not investigate these in a robust way or demonstrate they used this as an opportunity to learn and make improvements. We have made a recommendation about this. The provider has told us of their plans to improve this.

The provider had not notified CQC about an important event that happened in the service which meant this could not be monitored. We have made a recommendation about this.

Improvements to other quality assurance systems had recently been implemented. These had already driven improvement in some areas of service provision.

Effective systems were in place to prevent and control the spread of infection, and to manage medicines safely.

Risks associated with people's needs and health conditions were effectively assessed, monitored and mitigated. People's needs were met in a personalised way. Staff knew people well and understood how to support them safely.

Recruitment practices were safe and there were sufficient numbers of staff available to meet people's needs. Staff told us they had enough training to carry out their roles effectively and were well supported.

The provider worked well with healthcare professionals to ensure joined up care and good outcomes for people.

People were happy living at Alton House Care Home and spoke positively about the care they received. The service had a positive person-centred culture. People, relatives and staff provided us with positive feedback about the registered manager. They also told us they would recommend the home to others.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 16 October 2019).

### Why we inspected

We received concerns in relation to person-centred care, infection control and the premises and equipment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. 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.

We have found evidence that the provider needs to make improvement in the well-led domain. Please see the well-led section of this full report. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### 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.

# Alton House Care Home - Hayling Island

## **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.

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

This inspection was carried out by two inspectors.

#### Service and service type

Alton House 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 unannounced.

#### What we did before 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. 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 of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We additionally received emailed feedback from one relative about their experience of the care provided. We spoke with eight members of staff including care workers, a domestic worker, the registered manager and a director. We spoke with one healthcare professional and received email feedback from three others.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. 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

- Prior to the inspection, a safeguarding concern was raised. A director carried out an investigation, but this lacked enough scrutiny to assure us that people had been protected from the risk of abuse. There is more information about this in the well-led section of the report.
- People told us they felt safe at Alton House. For example, one person said, "I definitely feel safe living here. The staff are wonderful." Health professionals also provided us with positive feedback about the safety of the service. One health professional told us, "I feel from a clinical perspective the residents are very safe and any concerns over their health is flagged up early."
- Staff had received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns.

Assessing risk, safety monitoring and management

- Prior to the inspection, we received a concern that people were required to use the stairs because the lift was broken, and they were not safe to do so. When we conducted the site visit, the lift was working. People's use of the stairs had been assessed to ensure they could safely use them. The provider had implemented a risk assessment which covered what action staff should take should the lift breakdown again.
- People's care plans included individual risk assessments, such as for choking, poor mobility, and risks associated with people's health conditions. Plans were individualised and provided staff with guidance about how to reduce risks for people without restricting their rights and independence.
- Staff knew people really well and were aware of risks to their health, safety and welfare. Staff knew how to manage and reduce people's individual risks. We saw staff knew how to support people to move safely, using individual equipment assessed for the person.
- Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Environmental and equipment safety checks were carried out appropriately, for example on hoists and bed rails. We also saw records of fire drills, fire alarm testing and servicing and water temperature checks.

Using medicines safely

At our last inspection, people received their medicines as prescribed, but improvements were needed with medicine records. We made a recommendation about this. At this inspection we found sufficient improvement had been made.

- People continued to receive their medicines as prescribed.
- Some people were prescribed medicines on an 'as required' (PRN) basis. Detailed PRN protocols were in place and the efficacy of when PRN medicines had been given was recorded. This meant staff were able to determine if people's PRN medicines were working effectively. We saw prompt action was taken when needed. For example, when one person had needed their PRN pain relief for three consecutive days the registered manager contacted the GP to arrange a change. This ensured the person's pain relief continued to be suitable.
- Where people needed topical creams to support a skin condition, clear guidance was available to staff so they knew how to apply people's creams effectively.
- We found an issue with the storage of medicines. When we raised this with the registered manager, they addressed it immediately. Other than this, medicines were stored safely.
- At our last inspection, staff had been trained to administer medicines but had not had their competency checked in line with guidance. At this inspection, we found staff members' competencies to administer medicines had been checked appropriately.
- A variety of audits of medicines records and stock levels were undertaken by staff or the registered manager. This helped ensure that prompt action could be taken should an error or medicines issue occur.

### Preventing and controlling infection

- We had received a concern prior to the inspection about the cleanliness of the home. During our site visit we found Alton House to be clean.
- Additional cleaning was in place as a result of the COVID-19 pandemic, for instance more frequent cleaning of surfaces that were touched often.
- Robust infection control measures were in place and these had been enhanced in response to the COVID-19 pandemic. For example, the registered manager implemented a system where an alarm sounded frequently which prompted all staff to wash their hands.
- We received positive feedback from relatives, staff and external professionals about the way the provider had responded to the pandemic. A health professional told us, "I have been very impressed that they (Alton House) have managed to remain COVID free and appear to have put clear measure in place such as their visiting pod."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Staffing and recruitment

- Prior to the inspection, we received a concern that a staff member had not received an induction when they started working at Alton House. We reviewed staff members' induction records and found staff had received an induction which enabled them to work at Alton House safely. Staff we spoke with told us about the training completed as part of their induction, which included working alongside experienced staff until they were confident and competent to support people.
- We additionally reviewed training records and found staff had received appropriate training to enable



them to carry out their roles effectively. Staff told us they received enough training and felt well supported in their work.

- There were enough staff to support people safely. We saw people's requests for support were responded to promptly. One member of staff told us, "I really like the fact that we (staff) have the time to sit and chat with people."
- People were protected by safe recruitment processes. Staff had pre employment checks, these included checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records demonstrated that an analysis of accidents and incidents took place. This helped to ensure that any trends or themes identified could be acted upon to help mitigate risk and prevent reoccurrence. For example, records demonstrated that action had been taken to reduce the likelihood of one person falling again.
- Learning lessons in response to safeguarding concerns is detailed in the well-led section of the report.

# 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 as requires improvement. At this inspection this key question has remained the same.

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.

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 quality assurance systems used to assess, monitor and improve the quality and safety of the service were not always effective. We made a recommendation about this. At this inspection we found improvement was still needed.

- During this inspection, we found the provider did not have sufficient oversight of all of the systems in the service. For example, an allegation of financial abuse had been made and no checks of these systems had been undertaken above registered manager level. This meant the provider had not checked whether safety had been compromised so they could take action where needed.
- Prior to the inspection, we received concerns about aspects of the service and the care people received. The local authority asked the provider to investigate these concerns but a robust and rigorous approach was not undertaken when the investigation was carried out. Furthermore, there was no evidence that learning was considered, and the information received was used to make improvements.

We recommend the provider seeks guidance from a reputable source to ensure they establish and operate effective governance systems to assess, monitor and improve the quality and safety of the service.

- Following the inspection, the provider had improved the governance of the financial systems in the home. They had also identified some learning regarding safeguarding concerns.
- The provider had implemented other systems and had enhanced audits to improve the governance of the service since the last inspection. They had additionally begun a new monthly providers audit. Actions identified using these systems were transferred to an overall service improvement plan which was monitored by an external consultant, the provider and the registered manager. Some of these systems were very new and would take time to be fully embedded into the service. However, we saw this had already driven improvement in some areas such as new furnishings and ensuring more detailed medicine records.
- An initiative called 'Resident of the day' had just been implemented. The registered manager told us the primary aim of this was to improve the overall experience for people who lived at Alton House. It meant that people's needs and wishes were reviewed in a holistic way and ensured any improvement they felt they may need.

- Services that provide health and social care to people are required to inform CQC of important events that happen in the form of a notification. This includes events that stop the service from running effectively. The lift had been out of service for approximately three weeks and some people had to use the stairs instead. Although the director told us they thought they had submitted this notification, we did not receive it, and this meant CQC had been unable to monitor this and consider any follow up action that may have been required.

We recommend the provider seeks reputable guidance to ensure CQC are notified of all events they are required to by law.

- The provider had notified CQC of all other incidents and events as required.

At the last inspection, records were not always complete or accurate in respect of each person. We made a recommendation about this. At this inspection, sufficient improvement had been made.

- Records relating to the care of people were accurate, detailed and person centred. A health professional provided positive feedback about people's care records and said, "We were very impressed at how personalised the care plans were."
- There was a registered manager in post. They had detailed knowledge about people living at the service and made sure they kept staff updated about any changes to people's needs. Staff were supported to understand the requirements of their roles through meetings and supervision.
- The director and the registered manager demonstrated commitment for the continuous improvement of the service.

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

- There was a warm, friendly and relaxed atmosphere at Alton House. We observed good rapport between people and staff. We saw good person-centred care and attentive staff throughout the home.
- People were empowered to make choices about their care and day to day activities. People told us their choices were respected. For example, what time they chose to get up in the morning and how they wished to spend their day.
- People, staff, relatives and external health professionals all spoke positively about the management of the service and told us they would recommend the home to others.
- Staff had a good understanding of people's needs and demonstrated a shared commitment to treating people in an individual, person-centred way.
- The registered manager had an open-door policy and an inclusive culture to ensure people, relatives and staff could raise concerns or make suggestions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People's views were actively sought, and they were encouraged to do this during the 'Resident of the day' scheme, meetings and surveys. Feedback received was predominantly positive. We saw that where people had made suggestions, these were acted on. For example, some people had requested certain meals to be put on the menu and we saw these had been added.
- The registered manager told us that people took part in interviews for new staff.
- Staff, health professionals and relatives were also encouraged to contribute to the development of the service through meetings and surveys.
- Staff told us they felt valued and listened to. For example, one member of staff told us, "[Registered manager] is approachable and always listens. When I first started working here, I asked for [equipment] to make my job easier and [registered manager] got it for me, it's much easier now."

- The registered manager and staff worked in collaboration with health professionals to ensure people received effective, joined up care. A health professional was positive about the approach of the registered manager and told us, "[Registered manager] is very open and knowledgeable about her resident's. She is always quick to seek clinical assistance and will ask me to look at patients if they are just not themselves. I have found her happy to engage in any pilots offered to the care homes and has embraced the use of telemedicine."
- Due to the COVID-19 pandemic the provider had implemented different approaches to allow continued involvement for relatives. This included the use of additional technology to support communication. They had also invested in a visiting pod which was COVID-19 safe. The registered manger told us that the pod was so successful, some relatives and people had asked to continue using this rather than enter the home.

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

- There had been no incidents that fit the remit of the duty of candour regulation, so we were unable to assess compliance with this regulation. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a person, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager told us they would utilise this if need be.