Stumpwell Housing Association Limited

Alde House

Inspection report

Church Road
Penn
Buckinghamshire
HP10 8NX
Tel: 01494 813365
Website: www.aldehouse.org.uk

Date of inspection visit: 20 & 21 July 2015
Date of publication: 23/09/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 20 & 21 July 2015 and was unannounced.

Alde House is a care home providing accommodation and care for up to 16 older people. At the time of this inspection 15 people were living at Alde House.

There was a registered manager in post. 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.

We found people were very well cared for. People we spoke with, who either lived in the home or were relatives of people who did were extremely positive about the standard of care and the way the staff and management supported people. "They are all exceptional" was one typical comment.

Summary of findings

A number of relatives told us they selected the home following recommendation from people who knew it and its reputation. They told us it was "like a family" and particularly liked it's scale and 'homely' feel. "It is as good as it gets" was how one person put it.

People were able to be actively involved with the local community. This included churches and social activities in the village and wider afield. Families told us they could visit at any time and were able to go out with their relatives for short or more extended trips. One person told us they hoped to be able to go on a holiday with their family, with care support provided by a member of staff who would accompany them.

The home operated with a settled team of staff and management, many of whom had worked at the home for a number of years. "I wouldn't work anywhere else" one person said. This meant people received consistent care and support from a familiar staff team.

Throughout our visits and in talking with people after them, we were given a picture of a friendly, warm and caring home. We saw staff knew the people they cared for and had relaxed and unhurried conversations with them. The registered manager confirmed they received effective support from the trustees who were responsible for the overall management of the home.

We spoke with health and social care professionals who were familiar with the home who told us they felt it met people's needs effectively. They said it represented a welcome alternative to larger scale services, whilst maintaining a high standard of care.

Whilst care and other records were adequate and in some cases very full, there were instances where they could be improved. The system based care record system had the capacity to provide very effective recording of people's care and support. Where staff were able to use it to its full potential, it provided them with the details and information they required to meet people's needs effectively.

Summary of findings

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 safe.

People told us they felt safe and that there were sufficient staff available to meet their care needs.

Risks had been appropriately assessed as part of the care planning process. Staff had clear guidance about how identified risks were to be managed.

People received their medicines safely from staff who had been trained to do so.

Good

Is the service effective?
The service was effective.

People had access to the health and social care services they required to maintain their health and well-being.

People received support from staff who had the training and support they needed to do so safely and effectively.

People were able to exercise choice and make decisions about their care and how it was provided.

Good

Is the service caring?
The service was caring.

People told us they were very well cared for. Visitors told us the standard of care and support they observed was very good.

People's privacy and dignity were protected whilst staff provided care and support.

People received care and support from staff who had a good understanding about how people wanted it to be provided and took an interest in them as individuals.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed and kept under review.

People were involved in decisions about how their care was provided.

People were encouraged and supported to engage with the local community and to maintain and build relationships with people who were important to them.

Good

Is the service well-led?
The service was well-led.

People were positive about the way the service was managed. They said there was a very open and friendly atmosphere in the home.

There were effective quality assurance systems in place to monitor performance and seek ways to improve the service.

Good

Summary of findings

The provider and trustees took an active interest in the management of the service and supported the registered manager and staff to provide a high standard of care and support.

Alde 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.

This unannounced inspection took place on the 20 & 21 July 2015 and was carried out by one inspector.

The last inspection of Alde House was in May 2014 when action was found to be required in respect of the storage and recording of medicines. The provider sent an action plan in June 2014 setting out the steps they were taking to become compliant. We checked during the current inspection and found the necessary action required had been taken and medicines were now stored and recorded satisfactorily.

Before our visit we reviewed all the information we had about Alde House. This included any concerns raised with us on behalf of people who lived in Alde House and any notifications received. Notifications are information about important events which the provider is required to tell us about by law.

We also reviewed the Provider Information Record (PIR) received from Alde House. The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they intend to make.

During or immediately following the inspection visits we spoke with seven people who used the service, six relatives, six members of staff and the registered manager. We also spoke with one person who was responsible for monitoring the service on behalf of the Local Authority and with two community healthcare professionals who were regularly involved with the service.

We observed staff supporting people throughout the home and looked at a range of records, including computer system based ones. These included two recent recruitment files, care documentation for three people, staff training and supervision records and staff, residents and relative's meeting minutes.

Following our inspection we received further information from the service in response to requests we made for clarification or to provide further evidence where that was needed.

Good

Is the service safe?

Our findings

People told us they felt safe and were well- looked after. "I have no concerns at all, I am safe and warm and well cared for" was one person's assessment. The relatives we spoke with were equally positive about the safety of their relative. "I am just so grateful that my mum is there, affording us peace of mind that she is safe, very well-cared for and content" was one, typical comment.

People were protected from abuse. Policies and procedures for safeguarding of adults were in place. Staff told us they had received training in safeguarding and knew what to do if any form of abuse was seen or suspected. We saw posters with relevant contact details for the local authority safeguarding team were on display to enable staff and others to raise concerns outside of the service if they felt it necessary to do so.

People were protected from unnecessary or avoidable risks. Potential risks to their safety were identified in their care plans. This might be, for example, from falls or damage to their skin as a result of pressure. Control measures were put in place to eliminate or manage risk where that was possible. One relative told us how the physical environment of their relative's room had been altered specifically to provide a safe space for them, taking into account their particular health needs. Another relative told us how the home had taken steps to reduce avoidable risks to their relative, whilst enabling them continue to freely access the grounds and local amenities.

We found risk assessments were reviewed and updated as people's circumstances changed. In their PIR the provider confirmed people and their relatives were fully involved in this process. Relative's comments to us confirmed this to be the case.

People told us they thought there were enough staff to keep them safe and to meet their needs. We spoke with staff and looked at staff meeting records where staffing levels had been discussed. The trustees and the manager were committed to keeping staffing at safe levels, for example if the dependency level of people increased, consideration would be given to increasing staff numbers. The staffing in the evening was being kept under review. It was currently reliant upon one waking night staff and an on-call staff member. The on call had been used on at least three occasions recently and had proved effective. There had been concerns about what would happen if the waking staff member became incapacitated and night staff had been provided with mobile phones to use in an emergency. The registered manager told us night staffing would be reviewed again with the board of trustees to ensure it remained appropriate and safe at all times.

People told us they felt safe with the staff and that the physical environment was safe and well-maintained. One relative noted the scale of the building was ideal for their relative; "Like home from home". We found regular maintenance schedules were in place for equipment, for example the home's lift and fire alarm system. This ensured it remained safe to use and effective.

People lived in a clean and tidy home. We spoke with and observed domestic staff and saw they interacted very positively with people living in the home whilst carrying out their duties. One relative told us; "The cleaners do a marvellous job. They are important in my mother's life. She is very fond of them and enjoys her daily interaction with them."

There was a system in place for the reporting and recording of incidents and accidents. The provider had very basic outline plans to maintain people's health, safety and welfare in the event of a major incident affecting the safe operation of the service. These relied heavily on the local authority being actively involved in this process and also for mechanical repairs, for example to the home's lift, being able to be completed without delay. The provider may wish to consider reviewing these plans in line with current best practice.

People were protected from risks associated with acquired infections. Staff had received training in infection control. We observed they followed good infection control practice throughout our inspection. For example, by wearing appropriate protective clothing when providing care and support.

There were appropriate staff recruitment processes in place to protect people from the employment of unsuitable people to provide their care and support. The quality of documentation to support this varied from very full to adequate. Those staff we spoke with who had recently been employed, confirmed appropriate checks, including taking up references and Disclosure and Barring Service

Good

Is the service safe?

checks had been undertaken. During the inspection the registered manager reviewed and revised the documentation and recruitment check list to make it more comprehensive and robust.

We found one person had been responsible for their own medicines under an appropriate risk assessed process. Following a recent hospital admission this was no longer the case, however we were told the situation was under review, with the aim of enabling them to administer their own medicines again as and well it was assessed as safe for them to do so and they wanted to.

People received their medicines safely and when they required them. People were provided with drinks to help them take their medicines. Medicines Administration Records (MAR) had been correctly completed. MAR included photographs of the people concerned and full details of all their medicines. We found that since our last inspection the storage of medicines which are subject to additional administration and security requirements had been improved and was now satisfactory.

We were informed regular monitoring of MAR was carried out weekly. In two cases the totals of medicines which were only administered as and when required for pain relief, did not agree with the MAR. We were told this had not been identified because the weekly monitoring check had not taken place yet. The provider may wish to consider reviewing the monitoring of this type of medicines in line with current best practice. All other medicines checked agreed with their MAR.

Good

Is the service effective?

Our findings

People who lived in Alde House, their relatives and health and social care professionals we received information from all agreed people's health and social care needs were being met effectively.

Care plan systems included evidence assessments of people's needs had been carried out before admission. These identified their care needs and how they would be met and any specific equipment required to help staff meet them. This meant any equipment could be put in place before people moved in so their needs could be effectively met from the outset. "Everything my mother and I have asked for has been provided" one relative told us.

When we spoke with staff they had a good understanding about people's care needs and their individual personalities, likes and dislikes. "Key members of staff have been there for quite a while, giving the residents the stability of a friendly face and the knowledge they know them and their needs" was an assessment made to us by one relative.

People were cared for by staff who had received appropriate support and training. This enabled staff to provide safe and effective care and support. We were provided with details of the home's training matrix and spoke with staff about their training which confirmed this. "We have lots of training" one staff member confirmed. Staff also confirmed the registered manager and managing trustees were supportive of staff training and responded positively to requests for appropriate additional training. Staff told us there was a mixture of formal and informal supervision, together with annual appraisals. We also saw minutes of staff team meetings which included discussions about a broad range of issues and individual people's needs. We saw records of the trustees' monitoring visits and staff told us they saw the chairman of the board of trustees on a regular basis.

People and relatives were positive about the quality and choice of food. Resident's meetings included opportunities for people to raise any issues about food, or to make specific requests. "My relative really enjoys all the meals which are all home-cooked for them with the choice of something different should they wish it." We observed three meals in total during our two visits. At each people were offered choices both of what they ate or drank. Care plans included details of any specific nutritional needs or concerns and staff were aware of these. Where necessary food and fluid intake was monitored.

The staff we spoke with had an understanding of the implications for them and the home of the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make specific decisions at a given time. When people are assessed as not having the capacity to make a decision themselves, a decision is taken by relevant professionals and people who know the person concerned. This decision must be in the 'best interest' of the person and must be recorded.

The Care Quality Commission (CQC) monitors the operation of the DoLS as they apply to care services. DoLS provides a process by which a person can be lawfully deprived of their liberty when they do not have capacity to make certain decisions and there is no other way to look after them safely. There were no DoLS in place at the time of our visit. The registered manager had been in contact with the appropriate DoLS body for advice as to when applications should be made.

Good

Is the service caring?

Our findings

People received care and support from staff who knew and understood their care needs and how they liked them to be met.

People were all very positive about the standard of care they experienced or observed. "Staff are very polite and attentive – just great"; "Staff have been wonderful. From the beginning they were so helpful and friendly and I really felt they cared highly that their patients were happy and well-looked after." Both comments were made by relatives.

During the three meal times we observed we saw people were spoken to warmly and were offered discreet support to sit where they chose to. Staff offered any assistance needed during the meals in a discreet way and explained the choices available to people clearly and patiently. The registered manager was actively involved with assisting during breakfast, asking people how they wanted their eggs done and then cooking them accordingly.

Throughout the two days, we found staff appeared unhurried and had time to chat and listen to people. This did not appear to detract from them being able to respond promptly when people needed assistance. "The environment at Alde House can only be likened to a family unit. They give time to the residents on a one to one basis, listening to them and showing interest in what they are doing" was one relative's comment.

People were dressed appropriately for the time of year and temperature. "My mother is always beautifully dressed and her clothes always fresh and clean" was one relative's observation.

We received feedback from two community nurses/health care assistants. They provided very positive views of their interaction with the home and its staff and the quality of care and support they observed. They confirmed that, in their experience at least, staff were attentive to and responded appropriately to any advice or recommendations they gave.

The people we spoke with in the home and their relatives we contacted afterwards all agreed staff protected their dignity and provided care and support in a respectful way. This was confirmed by what we saw and heard throughout the two days we visited the home.

The first day of our inspection coincided with the funeral of a late resident. Members of staff attended and the registered manager took a prominent part in the service. Staff had experience of providing end of life care and confirmed they had received appropriate training in providing palliative care.

In all cases currently people had family advocates where advocacy was necessary. There were contact details readily available in the home's reception for local advocacy services. (Advocates facilitate and support people to express their views about care service when they have difficulty doing so without support).

Good

Is the service responsive?

Our findings

People's care plan documentation was held and updated on a computer system. This was held securely and backed up in the event of a local systems failure. We saw staff could access this to, for example, add daily notes. Whilst some staff were more comfortable and familiar with the system than others, we were assured all staff had received the appropriate training to help them use it and make entries as appropriate to their role. We saw one of the most recently recruited members of staff was comfortable with the home's system based care planning and was easily and efficiently making notes about the care given. They also were familiar with the system and how to access care information entered onto it.

The records included detailed initial assessments to establish people's needs and how they were to be met. There was evidence these assessments were reviewed and updated where appropriate.

Where it had been possible to ascertain them, details of the person's life history, background and personal preferences for meeting their care needs were recorded. One relative, speaking about an admission five years ago thought more information about the life history of their relative could have been requested at that time. However, all the contacts we had with people, relatives and staff suggested that at the time of our inspection, people had a very clear idea of the individual's they helped and supported and also of their family, other people and event which were important to them.

The manager and staff team were familiar with the routines, preferences and dislikes of the people they provided care for. The staff knew exactly who had what newspaper, what they usually liked to drink and where they usually liked to sit. The staff team included a number who had been with the home for a number of years, 15 in the case of one member of domestic staff and six for a care worker. Those staff who were more recently recruited also knew and appreciated the individual wishes and routines of people. Throughout the inspection staff gave people choices and the opportunity to vary their usual routines if they wanted to.

People told us they were able to go out of the home if they wanted to. Where this was done, appropriate risk assessments and discreet monitoring were in place as required.

Information about people and their current care needs was effectively shared between staff. A staff handover meeting was held between shifts, which gave staff the opportunity to discuss individual's state of health and any appointments or significant events that had or were to take place. Staff told us this was a very useful practice and was seen by them as a vital form of support both to them and the people they cared for.

People were supported to take part in activities. Activities were relatively low key but people told us they met their needs. People told us how much they valued the links to the local church and also the visits of a pet dog. One relative told us; "I must mention the fact that the parties/ social events at Alde House are superb." Where people had asked for improved access to the extensive gardens of the home, this had been done, with further improvements also being considered.

We saw minutes of regular residents' meetings. These provided opportunities for people to raise concerns, suggest improvements and for the exchange of information. For example, one meeting dealt with arrangements for the Christmas period and another focussed on the preferences of people as between baths or showers.

The home had a formal complaints policy and process and we saw copies of the few complaints which had been raised in the past year. There were outcomes clearly recorded with details of action taken. The majority of people and their relatives we spoke with told us they were most unlikely to raise a formal complaint as they felt able to raise any concerns informally with the registered manager, chairman of the trustees or staff.

Good

Is the service well-led?

Our findings

Alde House was started in 1972 by a group of local Christians. They were concerned that there was no provision for the elderly in the village. Stumpwell Housing Association was formed to meet this need. The stated aim of Alde House was to provide a homely and safe atmosphere where the residents could: be respected as an individual, be as independent as they were able, enjoy a peaceful and stimulating environment, be cared for in a way that met their individual needs, feel safe and secure in comfortable surroundings, be among friends in a caring community and feel part of an extended family.

The people we spoke with during our inspection told us these aims had been realised and met in the case of themselves or the people they were responsible for. "One only hears care home horror stories in the media – a world away from the Alde House experience…I am just so grateful my (relative) is there, affording us peace of mind that they are safe, very well-cared for and content. Our thanks and gratitude go to all the staff who make this possible."

The culture of the home was open and caring and staff worked as a team very much focussed on people's individual needs. This also included the trustees of Stumpwell Housing Association Limited who, under their chairman, were actively involved in the running and monitoring of the home. We saw records of the trustee's monthly monitoring visit, where they spoke with people who lived in the home and with relatives and carried out reviews of different areas of the home's operation.

We saw minutes of senior staff meetings with the chairman of trustees where staffing and personnel issues were very openly and frankly discussed. Staff told us they felt able to raise any concerns they may have or things they wanted to discuss with either the registered manager or with the chairman of trustees.

We saw 11 satisfaction questionnaires returned during June 2014. These were overwhelmingly very positive against 10 key question areas. In particular the quality of care and the quality of staff were always rated good or very good. The only two areas of the home's activity rated as 'fair' were the décor and furnishings and the activities. In both cases, however, a significant majority of returns rated both as at least good.

We were told these returns were considered by the registered manager and trustees when determining future plans and investment. One example of this was the recently completed development to make access to the extensive grounds easier for people by the provision of an enhanced seating area and paving.

Alde House worked effectively with local health organisations, community groups and facilities to ensure people's needs were met. The active involvement of relatives and friends was encouraged and those who may not have such close support were supported by staff to access the community if they wanted to. The feedback we received from professionals who provided healthcare support into Alde House and those who commissioned care from the home was positive.

We found there was a system in place for the reporting and recording of incidents and accidents. We clarified with the registered manager which incidents were reportable under the Health and Social Care Act 2008 in line with the requirements of their registration with CQC.