Alphacare Management Services No. 2 Limited

Cheaney Court Care Home

Inspection report

2 Harrington Road
Desborough
Kettering
Northamptonshire
NN14 2NH

Tel: 01536761116
Website: www.alphacareservices.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 24 and 29 November 2016 and was unannounced.

The service is registered to provide accommodation and personal care for up to 65 older people. The people living in the home have a range of needs including people living with dementia, sensory impairments and physical disabilities. The service provides both respite and long term care. At the time of our inspection there were 56 people living there.

The service has a registered manager. 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.

People received care from staff who were kind and friendly but who were at times focussed on the tasks they needed to perform and did not interact with people as often as they could do. People's dignity was not always respected.

The provider had limited oversight of the home and needed to ensure that systems in place to monitor the quality of the service took account of people's experiences.

Staff received supervision but the frequency of the supervision varied and not all staff had had an appraisal. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines.

People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care. Care plans detailed people's individual needs, preferences and choices and information was available about people's past history. There was an activities programme in place which people took part in individually or in a group.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

People's needs were assessed prior to coming to the home and care plans were in place and were kept under review. Staff demonstrated a good understanding of each person's needs and relatives felt involved and were encouraged to support their family member in any way they could.

The registered manager was visible and open to feedback, actively looking at ways to improve and develop the service.

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

People felt safe and staff understood their roles and responsibilities to safeguard people.
Risk assessments were in place to ensure people's safety.

There were sufficient staff; staffing levels were reviewed regularly to ensure people's needs could be met.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Requires Improvement

The service was not always effective

People's experience of mealtimes differed and staff were not always deployed effectively to meet people's needs in a timely and sensitive way.

People were cared for by staff that had the skills and knowledge to meet their needs.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

Is the service caring?

Requires Improvement

The service was not always caring

People received their support from staff that were kind and friendly but who were focussed on the task they were undertaking and did not always interact with people outside of performing the task.

People were not always treated with respect and their dignity protected.

Visitors were made to feel welcome and could visit at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Individual care plans were in place but the provider needed to ensure that all staff could easily access the information to ensure they had a full understanding of people'e needs and past history.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

Activities were available both individually and in a group.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led

The provider had limited oversight of the home and needed to ensure that systems in place to monitor the quality of the service took account of people's experiences.

People were encouraged to give their feedback and any suggestions as to how the service could be improved were acted upon.

Cheaney Court Care Home

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 inspection took place on 24 and 29 November 2016. Our first visit was unannounced and the inspection team consisted of one inspector and an expert–by–experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance our expert-by-experience had cared for a relative and supported them to find an appropriate care setting to live.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We spent time observing how care was delivered and we spoke with 11 people who used the service, six care staff, two nurses, two housekeepers, an activities co-ordinator, a cook, an administrator, the clinical lead, deputy manager and the registered manager. We were also able to speak to six relatives who were visiting at the time.

We looked at four records for people living in the home, four staff recruitment files, training records, duty rosters and quality audits.

Good

Is the service safe?

Our findings

People looked relaxed and happy in the presence of the staff. The people we spoke with all said they felt safe in the home. One person told us I do feel safe here; what struck me about the place is the friendliness of the staff; they are all kind to me." A relative commented that they felt their relative had settled in well and appeared quite contented with everything.

The staff we spoke with all understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff told us "If I had any concerns I would speak to [name of registered manager] or [name of deputy] and if nothing was done I know I can contact the local council or Care Quality Commission (CQC)." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided; for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. We saw that the information recorded for each person was kept up to date and that the information was regularly collated which helped the nurses and registered manager to monitor people's general health and well-being and keep them safe.

People told us that they felt there was a sufficient number of staff. One person commented "They [the staff] are always around and about, if you press the bell they are here within a few minutes." The staff we spoke to said they felt there were enough staff and that staffing levels depended on the needs of the individual people. There was a dependency tool in place which ensured that staffing levels met the assessed needs of people. The registered manager kept this under review and told us that the provider was supportive if more staff were required. We saw from staff rotas that the level of staff was consistent. The nursing staff and care staff were also supported by catering and housekeeping staff and activities co-ordinators.

People were able to call staff to assist them by using the call bell system in the home, with bells in each room. We observed that staff had ensured that when people stayed in their own room they had access to their call bell. There were staff visible in all the communal areas throughout the day which ensured if people needed assistance there was someone there to help.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. Medicine records provided staff with information about a person's medicines and how they

worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was stored securely in a locked cabinet. The deputy manager undertook monthly audits of the medicines and any issues identified were dealt with in a timely fashion to ensure medicine errors did not happen, and if they did they could be rectified. There was a system in place to safely dispose of any unused medicines.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place which was held in an emergency file so that it was easily accessible if and when needed. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

During the inspection we received information that staff had not always followed the correct practice in relation to infection control such as failing to wear protective clothing and putting laundry belonging to a person with a known infection with clean laundry. We spoke to a number of staff who were all able to tell us what they needed to do to control infection and throughout the day we observed staff using protective clothing and washing their hands on a regular basis. There was an up to date procedure for staff and staff told us they were reminded in meetings about the procedures to follow as and when the need arose. We saw from staff training records that everyone had received training in infection control which was refreshed on a regular basis. At the time of the inspection there was only one person who had been admitted with a known infection; protective procedures had been put in place and the infection had recently been cleared. We were satisfied at the time of the inspection procedures were in place and being followed.

Requires Improvement

Is the service effective?

Our findings

People's experience of mealtimes differed. Some people chose to have their meals in their rooms and others went to one of the two dining rooms or remained in the lounge they spent their day in. Although the staff were visible and assisted people to eat their meals there was very little interaction with people; no one explained to people what they were eating and a number of people were left with their meals in front of them waiting for assistance. We fed back our observations to the provider during the inspection and they have given assurance that the deployment of staff at meal times would be addressed to ensure people received appropriate and timely support.

People were supported by staff who received supervision to undertake their roles. Staff said that they felt able to approach any of the management team if they had any concerns or suggestions to make. However we found that there was inconsistency in the frequency of supervisions across the staff team and not all staff had an annual appraisal in line with the providers own policy. We spoke to the provider about this who was already aware of this and had plans in place to address this.

People were regularly assessed for their risk of not eating and drinking enough; staff used a tool to inform them of the level of risk which included monitoring people's weight. A daily record was kept which demonstrated that staff monitored people's fluid and food intake if they were at risk. If there were any concerns about people not getting enough nourishment referrals had been made to the dietitian for advice and guidance.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and the cook was able to offer alternatives if someone did not like what was on the menu. People told us the food was good and there was enough of it, one person commented "They[staff] will make you something else if you don't like what is on the menu; I like a salad or a jacket potato sometimes; the choice is good and the menu is varied, no problems with that." A relative told us
"I eat here every day and I can tell you the food is very good, lots of vegetables, lots of choice. The only thing we miss is a fruit bowl."

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 Act 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 decisions 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 MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and assessments had taken place by the appropriate professionals. If people had a lasting power

of attorney the home had ensured they knew who that was and had consulted them when any best interest decisions had been made for those people who lacked the capacity to make a decision.

People received care and support from staff that had the skills and knowledge to meet their needs. All new staff had an induction programme which involved completing mandatory training such as manual handling, health and safety and safeguarding. As part of the induction they also shadowed more experienced staff before they were allowed to work with people. One member of staff told us "I had a good induction; I was new to care work and was able to ask lots of questions and worked alongside experienced staff." We also saw that where people had been recruited and their first language was not English they worked alongside staff until they could demonstrate that they were able to communicate clearly with people and understood the relevant policies and procedures. People told us they felt the staff all knew what they were doing and were competent.

We looked at staff files to review the training provision which underpinned staff knowledge and abilities in their role and responsibilities. Training in key areas such as first aid, fire safety, medication, moving and handling and safeguarding was refreshed regularly to ensure staff kept their skills and understanding up to date. Staff spoke to us about some of the more specialist training they had received such as dementia awareness, catheter care and management of pressure sores. One member of staff told us "I understand the need to reposition people who may develop pressure sores, the training made sense." We saw that the provider maintained a training matrix for staff which ensured that staff were booked on to any training they needed.

People had access to other health professionals such as GP, dentist, optician and chiropodist. One person told us "I can ring my own GP from my room or my own practice nurse; I always tell them [the staff] here what I am doing and why but they let me get on with it. The chiropodist comes every 4 weeks to me to dress my feet. I have a private optician whom I saw only last Friday." Another person said "I had a problem with my wrist so the doctor came and gave me antibiotics. He did not know me, so he prescribed some that I am allergic too but they sorted it all out here; the carers here were very good."

Where people's assessed needs indicated that they needed specific equipment this was provided. For example, a person who was assessed as being at risk of developing pressure ulcers had been provided with pressure relieving equipment and we were able to confirm these were being used correctly. We also observed that a number of people had specially adapted chairs to support their physical needs and pressure cushions in place. Parts of the home had recently been decorated using contrasting colours and materials to support the needs of people living with dementia.

Requires Improvement

Is the service caring?

Our findings

People were cared for by a team of staff who were kind and friendly, but who were at times task focussed in their interactions with people. People told us that they were very happy with the care they received but the staff had little time outside delivering care to them to chat with them. They told us they never felt rushed in the care they received and staff were respectful. One person told us "The care is very good; all of the girls are pretty good; I am a bit apprehensive if someone new is on but they are careful with the pairing of the staff and pair them with someone who knows me; we don't have too many agency staff here but they do come from time to time." Another person commented "They [the staff] are good, kind and knowledgeable; very pleased with the care I get from them; I like to do as much as I can and they let me do that." We observed that when staff did speak to people they were polite and friendly but there was no conversation outside the task they were assisting the person with.

There was an inconsistent approach in respecting people's dignity. We observed people left with clothes protectors on after their meals, some people had spilt food on themselves and staff seemed unaware at times. We spoke to the registered manager and deputy about this who agreed to address this with the staff. People told us that staff treated them with respect and protected their dignity when providing personal care and we did see staff knocking on doors before they entered and ensuring doors were kept closed when they were assisting people with their personal care.

We saw from care plans that people's preferences such as when they liked to get up or go to bed, their food preferences and where they liked to spend their day was recorded. Most people appeared to spend the day where they wished to be. However, a number of people commented that at times they felt they fitted around the routine of the staff; for example one person said, "They [staff] sometimes take me to bed after lunch but I don't ask or tell them to, they come to me and say what is happening when; they come and get me up in the morning when they can." The provider needed to ensure that where people had expressed a preference that staff were aware of this and planned their schedule around the wishes of the people rather than their own routines.

People had been encouraged to personalise their rooms. Some people had brought in small pieces of furniture from home and pictures of their families. One of the dining rooms had recently been refurbished with attention given to the needs of people living with dementia; for example bright distinctive colours and changes in floor coverings to help people orientate themselves in their surroundings.

Relatives and friends could visit at any time and were made to feel welcome. The staff took time to speak to relatives and answer any questions they had as they came in. One relative told us "I come in everyday around 12 noon and stay until about 10pm; I see what goes on and I am looked after." A number of relatives came into the home during the day of the inspection and assisted in the care of their relative. There was a warm friendly atmosphere.

There was information available should anyone need the support of an advocate. The people living at Cheaney Court told us that their families supported them if they needed to discuss their care. The registered

manager told us that no one had recently needed an advocate but that they would be supported to access one if they needed to.

Requires Improvement

Is the service responsive?

Our findings

People had care plans which contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. The care plans were held electronically and were updated each day by one of the senior staff. Not all staff could easily access the electronic care plans so it was important that staff handovers were detailed. There was information in each person's room to remind staff of what support people needed and staff were kept up to date about people at daily handover meetings. Although some staff did demonstrate a good understanding of each person's care and support needs; this could be enhanced with better access to the care plan so all staff had a better knowledge of the person and their past history.

People's needs were assessed before they came to live at Cheaney Court to ensure that all their individual needs could be met. The registered manager explained to us that they went out to meet with people and their family if appropriate. This enabled them to gather as much information about the person as possible and to assess what equipment may be needed to support them, for example, a hoist for those people with mobility difficulties. People were encouraged to visit the home if possible before making the decision as to whether to live there. One relative we spoke to said "We sat down with [name of deputy manager] for a couple of hours when [name of relative] first came and went through everything to enable them to draw up a care plan; we are due to have a review now; so far we have been very happy with the home and [relative] has settled in well." We saw that the information gathered was used to develop a person centred care plan which detailed what care and support people needed and their likes and preferences.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. We saw that adjustable levels of the pressure relieving mattresses were set to the needs of each person. Records were kept which detailed when people had been moved or repositioned, what people had drunk and what personal care needs had been undertaken. We saw that care plans were reviewed on a regular basis, however, we received mixed feedback as to how much involvement people and their families had when care plans needed to be reviewed.

Staff were responsive to people's individual needs and activities were offered to people which helped them to pass the time of day and help stimulate some people. There was a programme of activities planned throughout the week which included group activities such as movement to music sessions, quizzes and various musical entertainments. During the inspection we saw people taking part in a movement to music session and being entertained by a local entertainer. In addition to group activities some individual activities were offered; for example a room had been created which provided people with access to music, lighting to stimulate people's senses and other experiences such as a machine that blew bubbles. The majority of people living in the home had spent time in the room and for some people, particularly those living with dementia, they had found it calming and it had helped some people to express their feelings. People accessed the room on an individual basis with one of the activities co-ordinators and family member if they

wished.

People were supported with their spiritual needs through regular visits from different faith leaders. At the time of the inspection those people who wished took part in a spiritual session led by one of the activities co-ordinators; people appeared to enjoy singing hymns together. We also saw that the outside grounds had been developed to enable people to access the grounds more easily and in one area a beach scene had been created with beach huts; people were looking forward to getting out into the garden once the weather improved. Those people who were able went out to pursue their interests with family and friends and a mini bus had just been given to the home which was to be used to take people out.

There was information about the home including how to make a complaint in each person's room. The registered manager explained that on admission staff would talk through with people and their families how they could give their feedback and gave them the information booklet. The registered manager had an 'open door' and everyone we spoke to say the registered manager and deputy manager were approachable and listened to people's concerns. The registered manager had been pro-active in responding to any concerns and at the time of the inspection there had been no formal complaints made in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality and standard of care; however these had not always been effective and could be strengthened to include observations of how staff worked and interacted with people and what people's experience of living in the home was like.

Regular audits were undertaken by the deputy manager and clinical lead to monitor systems and processes which included medicine and record management audits. Health and safety tests and audits were in place and up to date. Action was taken if any shortfalls were found; however, there was a lack of oversight by the provider. The registered manager was in regular contact with the provider but the provider themselves did not visit the home on a regular basis which would have enabled them to see the impact the service had on outcomes and experiences of people.

There was a registered manager; 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. Although the registered manager was aware of their responsibilities they had not always consistently completed notifications required by the Care Quality Commission such as completing a notification in relation to any safeguarding issues which had been raised. We spoke to the registered manager who acknowledged that they had not always sent in notifications but gave us assurance that they would.

The registered manager was visible and spent time each day around the home speaking with people. Everyone we spoke to knew who the registered manager was and said they were approachable. Staff told us that they were listened to and could speak to the registered manager or any of the management team at any time if they needed to.

Each day the registered manager had a meeting with heads of departments which focussed on the general running of the home. Staff were invited to monthly staff meetings which we saw from the minutes of meetings that everyone had been given an opportunity to raise issues and make suggestions as to how the home could be improved. One member of care staff told us "I asked if we could have access to games and activities for people at the weekend and now we have, so we can provide people with activities at the weekend if they want." We saw a box of equipment was available to support any activities the staff undertook with people.

Meetings were held regularly with people and their families and each month at least 10% of people using the service along with their families were asked about the quality of care and for any feedback about the service they were receiving. Some of the comments received from a recent survey included 'Excellent medical and social care', 'Good rapport with staff; they take time to explain things.' Some of the suggestions for improvement were more 1:1 time, photos of meals to help people living with dementia and more staff at mealtimes.' We were told that they had tried photographing the food but that this had not had much impact and having more staff at mealtimes was under review. The creation of a 'white room' had increased the

opportunity for people to have more 1:1 time with the activities co-ordinator and once the weather improved people would benefit from the develops made in the garden.

There were up to date policy and procedures in place which staff could access. These included safeguarding, whistle-blowing and health and safety. The registered manager encouraged staff to speak to them if they had any concerns and the staff we spoke to all said that if they felt the need to they would whistle – blow. One member of staff said "I would not be afraid to speak out if I saw poor practice." There was a general feeling of openness around the home which the registered manager had encouraged; when we spoke to them about contact from a whistle-blower the registered manager commented they were happy that staff and people felt able to speak out.

Various members of the local community were encouraged to take part in events at Cheaney Court such as an Annual Fete and local school children came to sing at events. Students from the local tertiary college were also encouraged to spend time at the home to support the activities within the home.