

Mrs Margaret Ann Partridge

Alfred House Residential Care Home

Inspection report

29-31 Horne Street
Bury
Lancashire
BL9 9BW

Tel: 01617642442

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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 ●

Summary of findings

Overall summary

This unannounced inspection took place on 15 October 2018. We had previously carried out an inspection on 18 and 22 February 2016 when we found the service had complied with all the regulations we reviewed.

Alfred House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Alfred House is located in Bury. Alfred House consists of two large adjoining terraced properties made into one. The property is close to Bury town centre. The home has good transport links into Bury and Manchester and there is a park, shops and other amenities close by.

Alfred House provides accommodation for up to ten people with mental health needs who require support with personal care. Ten people were living at Alfred House at the time of our inspection.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a manager who was registered with us. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager of Alfred House was also the registered provider for the service.

People said staff treated them with kindness and compassion. Comments included, "The staff here are good to me, very supportive, and "I can rely on the staff to help me with everything that I need."

Staff knew people's care needs, preferences, personal histories and backgrounds. People said staff protected their privacy and their dignity was respected. People were supported to be independent.

People received care from staff who were appropriately trained to effectively carry out their job roles. People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005). People's nutritional needs were met and they were supported to maintain good health and receive ongoing healthcare support.

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance. There were sufficient staff to care for people. Risks to people's safety were assessed and medicines were administered safely.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

We found that records were written in a positive and respectful way and provided guidance on how to support people.

Alfred House had arrangements in place to receive feedback from people that used the service, their relatives, external stakeholders and staff members about the services provided.

We found that records were sufficiently maintained and effective systems were in place to monitor the quality of 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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Alfred House Residential 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 unannounced inspection was conducted by one adult social care inspector on the 15 October 2018.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. They informed us that they did not have any concerns about Alfred House and were satisfied with the level of care provided.

We spoke with six people who used the service, the provider/registered manager, the deputy manager, one care staff member and three health and social care professionals that had involvement with the service. We observed interactions between staff and the people living at the service. We reviewed care records and risk management plans for four people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at a range of staff files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People told us they felt safe at the service. They told us, "I feel secure living here, there are always staff about and the door is kept locked", and "I feel safe, I know who to speak to if I'm worried about something. There's always someone to speak to."

Policies and procedures were designed to minimise the risk of harm. These included safeguarding and whistleblowing policies. A system for whistleblowing provides a commitment by the service to encourage staff to report genuine concerns around poor practice without recrimination. Records showed that all staff had received training in these areas, and when we spoke with them they demonstrated an understanding of what might constitute harm and the procedures for responding to and reporting allegations of abuse. At the time of our inspection there were no safeguarding concerns but we saw evidence that when alerts had been raised appropriate protective measures were put into place and allegations were fully investigated. Staff were watchful for any potential concerns.

The service carried out environmental safety checks of the fire safety equipment, fire alarms and electrical appliances. First floor windows had restrictors to keep people safely inside the building. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises.

We saw the service had taken a proactive approach to manage risks. These included analysis, identification and review of environmental risks and hazards. Each risk assessment identified the hazard, who might be affected, any control measures in place and any further measures required. Each person's care records included risk assessments and care plans to mitigate these risks. These included risks associated with the environment and more specific assessments relating to mental health. We saw one person had risk assessments relating to; absconding; personal care; harm to self and vulnerability.

Where accidents or incidents had occurred, there was an evaluation, review and an action plan implemented to reduce the risk of a reoccurrence. The service also referred all accidents to the local authority for monitoring purposes.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

The service provided sufficient staff to meet people's needs. We based this judgement on our observations, what people and health and social care professional visitors told us. Staff also said there was enough staff to

meet people's needs. The staff rota showed at least two care staff on duty during the day plus at least one manager. Night time staff consisted of one waking night staff. Managers were on call 24 hours to support staff.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored and the temperature of the medicines storage room and fridge were monitored.

The home was clean and hygienic. There were no offensive odours. Staff wore protective aprons and gloves to control the risk of infection. People told us the home was kept clean and hygienic. A health and social care professional told us, "The environment is always clean with a calm atmosphere."

Is the service effective?

Our findings

The service continued to provide effective care to people. People said they felt supported by staff that understood their needs. One person said, "The staff know me well and seem to know if I'm having a bad day, and how to make me feel better."

The home's environment was well-maintained with a tv lounge and a dining room. People commented on the 'family feel' of the home. There was a communal kitchen area and an accessible garden complete with a seated smoking area. People said they sat out in the garden and made use of this area particularly in the summer.

Many people living at the home could make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 make 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS were made where appropriate. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care.

People were involved in choosing staff for the home. People contributed to the interview process so they could meet potential staff and recruit based on their needs.

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff confirmed the induction prepared them for their role.

Staff were up to date with essential training. The staff member we spoke with told us they were provided with training that enabled them to do their job and meet people's needs. A health and social care professional told us, "I find Alfred House to be efficiently run with knowledgeable, happy staff."

People told us they liked the food and that there was choice. One person said, "The food is nutritious and

good to eat." People had opportunity to make their own meals if they wished. People's nutritional needs were assessed. There was a menu that changed regularly. The staff knew people well, ensuring people with dietary needs received the correct meals. Many meals were home cooked and fresh fruit and vegetables were provided. Snacks were made available day and night.

The provider and staff liaised positively with health care services. We saw that the service informed people's doctors of any changes or incidents that occurred. A health and social care professional told us, "I have seen some exceptional work done by the staff with my patients in very effective ways. I am always confident that they would respond in a very effective way by alerting the community mental health team or appropriate agency, of any concerns that they have with any of their clients including risk and wellbeing and facilitate the best care for them wherever possible."

People's physical and mental health needs were considered by the service. One person had recently had appointment with the chiropodist, the community psychiatric nurse and visited the asthma clinic. A health and social care professional told us, "I currently have involvement with patients living at Alfred House in a variety of ways including clinics and home visits and I am impressed with the opportunities they have to lead a normal, healthy life with the support of staff and the wider care team."

Is the service caring?

Our findings

People commented on the kindness and compassion of the staff. For example, when we asked one person if they got on well with the staff they replied, "The staff are excellent, they encourage me to be independent" and "I like the staff, I feel like I am free to do as I please but they are looking out for me as well."

People were encouraged to maintain their independence by having chores to do around the building and keeping their bedrooms clean and tidy.

We observed staff speaking to people kindly and with respect. Staff knocked on people's bedroom doors and waited for a response before entering, which promoted people's privacy.

Staff were aware of the need to treat people equally irrespective of age or disability or race. Staff had attended training in equality, diversity and inclusion.

Care plans showed people were involved in decisions about their care. People said they were able to exercise choice in how they spent their time, in the meals they ate and the times they received personal care. The manager told us, "People get up and go to bed when they like, we try not to impose restrictions but also support people to get into a good routine."

A health and social care professional we spoke with said they were always made welcome, "I have had no issues with Alfred house and have always been welcomed. I do know that they have been very supportive with the clients that I have residing there."

We saw people were well presented and dressed appropriately for the weather and looked well cared for. This showed that staff were attentive to people's needs and preferences.

Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. Some people chose to spend time in their rooms, but were invited to join any events that were happening. One person commented, "I spend time in my bedroom if I'm not in the mood to be around people. The staff check in on me."

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

A health and social care professional told us, "The residents are well cared for and treated individually for their particular needs. I wouldn't hesitate to have a family member of mine placed there if care was required." Another health and social care professional said, "If any of my loved ones needed care, I would be more than happy for them to receive care at Alfred House."

People told us that that they held a resident account that they could access as they wished to develop their

independence and financial skills, one person said, "I go out sometimes and the staff help me sort out my money."

We saw from assessments and support plans that people were supported to express their own individuality in relation to their spiritual, cultural and personal preferences. Staff could tell us how they recognised people's preferences and upheld their confidentiality.

People were treated with dignity and respect, and without discrimination. There were enough staff to spend time with people who used the service and when we spoke with them, care staff were able to indicate how they understood people's preferences, and wishes.

The service held regular meetings, including a weekly meeting where people discussed menu and activity choices. The service could share information at this time and people could share any concerns.

Is the service responsive?

Our findings

Care records showed people's needs were assessed prior to being admitted to the home. Care plans reflected individual needs and how people preferred to receive support from staff. The care records showed attention to detail regarding personal care such as oral health care and people's needs at night. Each person had a 'one-page profile', which had details of their preferred routines, preferences and life history. People said they were involved in decisions about their care which were included in the care records.

We looked at four care records. Information about each person was detailed and written in a person-centred way focussing on their abilities and strengths. The care records contained detailed information to guide staff on the care and support to be provided. They also showed that risks to people's health and well-being had been identified, such as the risk of poor nutrition and the risk of injury. Where a risk had been noted action to reduce or eliminate any identified risk was recorded in detail. Charts were completed to record any staff intervention with a person, for example, recording food intake, an identified risk regarding mental health, and when 'as required' medication might be used.

There was an activities programme which included quizzes, crafts and film afternoons. People confirmed they liked the activities on offer. Many people enjoyed going out to the park and using the café there. People had been able to complete educational courses and had worked in local shops on a voluntary basis. The service had rented an allotment for one person who enjoyed gardening and growing vegetables. People were able to go on trips throughout the year and had recently had a week long holiday in Llandudno where they had been able to do various activities.

A health and social care professional told us, "Alfred House have good community links for social activities and educational courses. The residents go out on frequent trips and holidays are available to those who wish to partake."

People told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously. We saw that the service had a complaints procedure. The people we spoke with told us that they were confident that their concerns would be listened to and dealt with courteously. We saw a record of complaints and the outcomes with timescales to monitor how these were managed. The deputy manager told us that there had been no formal complaints since the last inspection but should a complaint be made they would inform the person of the results of their investigation and consult the person to check that they were happy with the outcome.

There were systems to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. One staff member told us, "We have continuity here and good communication." This procedure meant that staff were kept up-to-date with people's changing needs.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with

disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People were assessed and care plans included details about people's communication needs.

The service was able to offer end of life care to people if this was required, with support from outside agencies. Alfred House were not currently supporting anyone coming to the end of their lives but did have an appropriate policy in place and had explored people's wishes with them, documenting these in people's files.

Is the service well-led?

Our findings

The 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. 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. The registered manager of the house was also the provider of the service.

The service had a positive and inclusive culture. People said they felt "very welcome" when they first moved to the home. The management team encouraged feedback, led by example and were accessible to both people using the service and staff. The home was transparent and open with effective communication in place and information about the service was accessible. People living, working at and visiting the service confirmed this in their feedback. The management team were held in high regard by people living at the home and staff. One member of staff told us, "The managers really are great, very supportive and very 'hands on' in terms of supporting people."

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

We looked at some key policies and procedures including, for example, infection control, health and safety, complaints, medicines administration, safeguarding, whistle blowing and reporting falls. We saw that general policies and procedures required updating so they included the latest legislation to promote best practice. We were told this would be addressed.

Incidents and accidents were investigated accordingly. Investigations included an analysis of events that could be used as an opportunity for learning and preventing further incidents from occurring.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

The service had received positive feedback from relatives during a survey carried out in 2017. Comments included; "Every member of the Alfred House team go above and beyond in their dedication to all the residents. We can't thank them enough,"; "I am more than satisfied with the care [Name] receives" and "The staff at Alfred House are one hundred percent pure gold and 10 out of 10 all the way!"

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and where issues were noted, staff discussed these with their manager or attended additional training. Any action taken regarding staff performance issues was also recorded. One staff member said, "The managers are always around to observe our practice. We have formal observations to ensure we are working to the standard expected."

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.

During the inspection we found the service was managed by professionals with an obvious dedication to the people they support and the staff that work with them.