

Regal Care Trading Ltd

Alpine Care Home

Inspection report





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Ratings

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

Summary of findings

Overall summary

Alpine Care Home provides accommodation and personal care for up to 30 people. The service supported older people and those who were living with dementia. Facilities were available for people with mobility difficulties. The service was provided across two floors in a detached house.

This inspection was carried out on 05 April 2016 by three inspectors. It was an unannounced inspection. There were 16 people using the service at the time of the inspection. At our last inspection on 17th June 2015 we issued three warning notices and six requirement notices in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan detailing the improvements they would make and confirmed they would be meeting the requirements of the regulations by 30 November 2015. This inspection was carried out to follow up on compliance with these notices.

There was not a registered manager in post. A registered manager is a person who has registered with the CQC 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. A new manager had been appointed and had started work in the service in November 2015, but they had not applied to be registered. We received their application for registration following our inspection.

We found that the registered provider had met the requirements detailed in the warning and requirement notices and had made significant improvements to the culture of the service and the care people received. However, we found three further breaches of regulation at this inspection.

Sufficient numbers of staff had not been deployed at night to ensure people were safe, particularly in the event of an emergency in the service.

The principles of the Mental Capacity Act were not consistently applied in practice. People had not always been asked for their consent, for example to alarm mats that alerted staff to their whereabouts, and where people were unable to consent an assessment of their capacity to do so had not always been completed. This placed people at risk of staff making assumptions about their ability to make their own decisions.

The registered provider had not ensured that accurate and complete records were always kept about the care provided to ensure people's needs were met. They had also not ensured that accurate and complete records were kept for the effective running of the service.

You can see what action we told the provider to take at the back of the full version of this report.

People and their relatives told us that improvements had been made to the service since our last inspection. One relative told us, "The atmosphere feels so much more relaxed now" and another said, "Visiting is so

much nicer now." Another person told us, "It's amazing the work they have done."

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

There were thorough recruitment procedures in place to ensure staff were suitable to work with people.

Medicines were stored and disposed of safely and correctly. Staff were trained in the safe administration of medicines, however, there was a lack of guidance for staff about when they should administer medicines prescribed to be used 'as required'.

The premises were clean and the risk of the spread of infection was appropriately managed and minimised.

Staff were knowledgeable and skilled in meeting people's needs. They had the opportunity to receive further training specific to the needs of the people they supported. All members of staff received regular one to one supervision sessions and had an annual appraisal of their performance. Staff felt supported in their roles and were clear about their responsibilities. This ensured they were supported to work to the expected standards.

The service was well maintained and the manager had begun work to ensure it was decorated in a way that met the needs of the people that used it. Improvements had been made to the layout of the premises. The use of signage helped people find their way around. The lift was difficult for people to use and some found it noisy and frightening. We have made a recommendation about this in our report.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People were happy with the quality and range of food they received. Staff knew about and provided for people's dietary preferences and restrictions. Where people were at risk of dehydration staff ensured they were frequently offered drinks and monitored their fluid intake.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People had positive experiences which were created by staff that understood their personalities and took time to chat with them and provide assurance. Staff were kind and caring in their approach toward people. Staff clearly knew people well.

Staff treated people with respect and ensured their privacy was maintained.

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to attend reviews that were scheduled. The service responded in a timely way to changes in people's needs.

Clear information about the home, the facilities, and how to complain was provided to people and visitors.

People were involved in the planning of activities that responded to their individual needs. A broad range of activities was available to keep people occupied and stimulated. The planning of activities took account of latest research on dementia care, for example the use of doll therapy and reminiscence activities.

People received a personalised service. Staff understood how to plan care that took account of people's individuality.

The manager had begun to make effective use of systems for monitoring the quality and safety of the service and making continuous improvements. The registered provider and manager had introduced changes that had impacted on the culture of the service to ensure it better reflected the registered provider's vision and values. This ensured a more personalised service for people, however the manager acknowledged that this shift in culture would take time to fully embed into practice. We have made a recommendation about this in our report.

People's views were sought and listened to. Relatives and residents meetings were held monthly and people told us their ideas and views were taken seriously.

The manager provided clear and confident leadership for the service. Staff felt supported in their roles and were clear about their responsibilities. The manager was open and transparent in their approach.

The manager kept up to date with any changes in legislation that might affect the service and carried out audits to identify how the service could improve. They acted on the results of these audits and made changes to improve the quality of the service and care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Insufficient numbers of staff were deployed at night to ensure people were safe and supervised in the event of an emergency.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals.

Safe recruitment procedures were followed in practice.

Medicines were not consistently managed in a safe way. There was a lack of clear guidance about the use of medicines prescribed to be give 'as required' for individuals.

The environment was secure and well maintained.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff were trained in the principles of the MCA, but the principles were not applied consistently in practice.

The registered provider had ensured that people's rights to liberty were upheld and the requirements of the Deprivation of Liberty Safeguards were met.

Staff were trained and had a good knowledge of each person and of how to meet their specific needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. Risks relating to nutrition and hydration were managed effectively.

People were referred to healthcare professionals promptly when needed.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff provided a caring service that treated people with kindness, compassion and respect and recognised their individuality.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that reflected their needs and preferences.

A wide range of activities was provided. The planning of activities took account of latest research on dementia care.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Accurate and complete records had not always been maintained to allow the registered provider to ensure people's needs were met.

Improvements had been made to the culture of the service. These changes needed to be embedded into practice.

The registered provider had made improvements to the effectiveness of systems for monitoring and improving the quality and safety of the service. Action had been taken to address identified shortfalls.

The staff told us they felt supported by the manager.

Alpine 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 carried out 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 was carried out on 05 April 2016 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and sought feedback from the local authority commissioning service.

We looked at three people's care records. This included assessments of needs, care plans and records of the care delivered. We observed to check that people received the care and treatment agreed in their care plan. We reviewed documentation that related to staff management and three staff recruitment files. We looked at records relating to the monitoring, safety and quality of the service and sampled the services' policies and procedures.

We spoke with eight people who lived in the service and four of their relatives to gather their feedback. We reviewed comments and feedback sent to the commission and the service to understand people's experience of the care provided. We spoke with the manager, the nominated individual for the registered provider and two members of care staff. We also spoke with housekeeping, catering, maintenance and activity staff. We obtained feedback from health and social care professionals involved in the care of people using the service.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "The staff were friendly to me to help me settle. The atmosphere here makes me feel safe." People's relatives confirmed that they were confident that their relative was safe. One person said, "I have never been concerned about the care and have always felt she was safe". Another person's relative told us, "I have no concerns and feel they are safe and well looked after". Relatives told us that there were enough staff available when they visited to be able to meet people's needs. One person said, "There are enough staff around, there is always someone in the lounge". Our observations showed that people appeared relaxed and comfortable in the service and in the presence of the staff that cared for them.

At our inspection in June 2015 we found that the registered provider had not ensured staffing levels were adequate to meet people's needs. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that some improvements had been made, and sufficient numbers of competent staff were employed to meet people's needs during the day, however sufficient numbers of staff had not been deployed at night to ensure people were safe, particularly in the event of an emergency in the service.

Two staff were on duty each night which did not allow staff to safely follow the procedure for evacuating people within or from the building in the event of a fire or other emergency. Three people's personal evacuation plans stated that they were unable to weight bear and required the assistance of two staff members to help them evacuate the area of a fire. A further five people's personal evacuation plans stated that they had a cognitive impairment. This meant that whilst the two staff were helping the three people evacuate the premises there were no staff available to remain at the assembly point to ensure the safety of the other people in the service and meet with the fire and rescue crew as detailed in the fire evacuation plan for the service. This placed people at risk of moving back toward a fire in the premises.

We saw handover notes for four occasions in the last two weeks where two people had been unsettled at night and had been up and moving around the service. Staff told us this frequently occurred and that if both staff were attending to a person they were unable to provide supervision to others in the service at that time.

There were insufficient numbers of staff deployed at night to ensure people's safety and meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had ensured that sufficient numbers of staff were deployed in the service during the day to respond to people's requests and meet their needs. In addition to the care staff working in the service the registered provider also deployed an activities worker, two housekeeping staff, a chef, a kitchen assistant and a maintenance worker to work in the service each day. The manager and deputy manager worked in the home five days a week in addition to the rostered care staff numbers. We saw that people did not have to wait long for assistance and care staff were available to check on people's wellbeing throughout the day.

The registered provider followed safe procedures for the recruitment of new staff. The staff files we viewed contained included interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. A member of staff who was working on their induction at the time of the inspection described the three day induction that had been completed, however there was no record to confirm that the required induction had taken place. We saw that they were working under supervision and in addition to the required numbers of staff for that day. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

At our inspection in June 2015 we found that the registered provider had not ensured that people were safeguarded from the risk of abuse or harm. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made. Staff knew how to identify abuse and how to respond and report any concerns. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy was up to date and reflected the guidance provided by the local authority and local authority contact details. Staff training records confirmed that most staff had recently completed training in the safeguarding of adults and the remainder of staff had a training session booked. Staff understood their responsibilities to report any concerns about abuse and were confident to do so. People were protected by staff that understood how to recognise and respond to the signs of abuse.

At our inspection in June 2015 we found that people did not always receive safe care and treatment. People were not helped to move in a safe way, risks to their health and wellbeing were not consistently minimised and they were not supported to manage their medicines safely. There was also a risk of the spread of infection within the service. We issued a warning notice in relation to this breach of regulation. At this inspection we found that improvements had been made, however there remained a minor shortfalls in relation to the management of people's medicines.

People's medicines were not consistently managed in a safe and effective way. Some medicines, for example pain relief, were prescribed to be taken 'as required' by the person. The registered provider had not ensured that staff had clear guidance on the circumstances in which the medicine should be given. Protocols guiding staff on the use of each 'as required' medicine were completed before the end of the inspection, but these did not specify the reason for which the pain relief medicines had been prescribed. Staff had recorded when each 'as required' medicine was used, but had not detailed, as required on the medicines record, and the reason the medicine had been given. This meant that the manager could not be sure that the medicine was given appropriately and could not monitor patterns in people's health that may suggest they need a review by a doctor. We recommend that the registered provider review the recording of 'as required' medicines.

The service had a policy for the administration of medicines that was regularly reviewed. Staff had received appropriate training and the manager had made checks of their competence to administer medicines safely. The manager ensured all medicines were correctly ordered and received, stored and administered. Staff monitored the temperature of storage areas to ensure medicines were stored appropriately. We saw staff administering medicines in a safe way and recording when people had taken these. There was guidance for staff to follow about how people preferred to take their medicines, for example from a spoon or with a particular drink.

Risks to individuals had been assessed as part of their care plan. This included the risk of falls, developing

pressure wounds and poor nutrition. They were updated appropriately as people's needs changed. People at risk of developing pressure wounds had appropriate pressure relieving equipment in place and we saw that staff made sure they had these in use at all times. Staff were aware of the risks that related to each person and there was no one with a pressure wound in the service. People at risk of falls had been provided with a sensory mat to alert staff when they got out of bed so they could be helped as needed. We saw that staff helped people to move around safely and that people had the equipment they needed within easy reach, such as walking frames. People who were at risk of displaying behaviours that challenge the service had clear risk assessments and plans in place to identify the causes and triggers and to provide guidance for staff to respond. The risks to individuals' safety and wellbeing were regularly assessed and minimised.

The registered provider had ensured the premises were safe for people to use. The premises had been assessed to identify risks and action taken to minimise these, for example, by removing trip hazards. The building had been made accessible for people with mobility difficulties. There was a lift to the upper floors and handrails fitted around the service. Maintenance staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale. The service employed a maintenance worker who undertook general repairs and external contractors were called when needed for larger scale repair or refurbishment works. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. A passenger lift that facilitated access to the upper floors was serviced yearly and had undergone recent repairs. All hoisting equipment was regularly serviced. People's call bells in their bedrooms were checked and regularly serviced.

The service had an emergency contingency plan in place that addressed possible emergencies and identified temporary accommodation at another local residential home. There was a fire response plan that instructed staff to carry out horizontal evacuation away from the source of the fire if possible or a complete evacuation if they were unable to safely move people to another part of the building. People had personal evacuation plans that were clear and reflected their mobility needs and the support they would require to evacuate the building in an emergency. Fire wardens had been recently trained and new fire zones established for the premises. Staff were trained in providing first aid and first aid supplies were available in the medicines room and kitchen.

People lived in a clean environment. People and their relatives told us that the service was kept clean. Staff were employed in housekeeping roles to ensure that areas of the premises were cleaned on a daily and weekly basis. The registered provider had completed works required by the local authority food safety department with the exception of one area of refurbishment which was scheduled for the following week. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff had a clear understanding of infection control practice and understood the importance of effective handwashing in reducing the risk of infection. Guidance about handwashing was displayed above hand wash basins and in bathrooms. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced.

Is the service effective?

Our findings

People and their relatives told us that the staff had the skills and understanding required to meet their needs. People told us they were satisfied with the quality and range of food provided on the menu and told us they always had enough to drink. One person said, "I really like it here, the people are lovely and the food is good". Two people told us that they found the lift frightening to use and very noisy. One other person told us that the lift was very noisy at night.

People's relatives told us that they were pleased with the improvements made to the premises. One person's relative told us, "We were surprised how much the improvements to the environment affected them. She is much chirpier than before and seems happier. The premises are more open, lighter and airier and they have changed the seating to groups of chairs encouraging people to chat more." People relatives told us that they were happy with the food their relative was provided with. One relative said, "The food varies and it is good" and another said, "The food is lovely, the other day they were eating a lovely pork dish with sweet potato fries and it looked delicious".

At our inspection in June 2015 we found that the registered provider had not ensured that people received adequate nutrition and hydration. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made. People were consulted when menus were planned and specific requests were taken into account. The chef gave examples where they had made changes to the menu based on feedback from people using the service. There was a four week rolling menu that provided a choice of meals and vegetarian options were catered for in addition to the two options provided for each meal. Pictures were used by staff to help people make a choice about the meal they wanted. People were provided with the support they needed to eat and drink. Staff assisted people at an appropriate pace so that people experienced relaxed mealtimes. People were offered tea and coffee at various points of the day and were able to help themselves to jugs of cold drinks available in the communal areas and people's bedrooms. There was also a drinks and snacks trolley mid-morning, afternoon and evening. The chef confirmed that staff could access the kitchen at night to make people snacks as required. A staff member told us "We also have snacks and we ask people if they want them; there are crisps, biscuits and cakes. If they ask for something we haven't got I'd ask chef and get it ordered for the next day."

People had an assessment of their nutrition needs, which identified particular risks, for example being at risk of urinary infections, and gave staff instructions to minimise the risk including increasing the amounts of fluid offered. The chef referred to clear documentation about people's allergies, dietary restrictions and preferences. They were knowledgeable regarding the types of food that were suitable for people's specific health conditions. For people at risk of dehydration we saw that staff ensured people always had access to a drink and offered sips of this each time they passed. A person's relative told us "I visit at all different times and staff are always encouraging people to have drinks". People were provided with sufficient food and drink to meet their needs.

At our inspection in June 2015 we found that the registered provider had not ensured that people's freedom and liberty were not unlawfully restricted. We issued a requirement notice in relation to this breach of

regulation. At this inspection we found that improvements had been made. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for 11 people who needed continuous supervision in their best interest. The manager was awaiting the outcome of these. DoLS authorisations were in place for five people and the manager was aware of the date of expiration of these. This ensured that people's right to liberty were protected.

At our inspection in June 2015 we found that the registered provider had not ensured that the premises was designed to meet the needs of the people using the service. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made. A full refurbishment programme was underway for the premises and was due to be completed at the end of April 2016. The communal area divided into separate lounge and dining spaces and redecorated to provide a more relaxed environment and give people more choice about where they spend their time. The conservatory had been changed from an office space to a quiet lounge/visitors room. One person's relative told us, "It is nice to have somewhere to sit quietly when we visit". The bathrooms had been refurbished to provide more accessible space and to better meets the needs of those with mobility difficulties. One bath upstairs was old and worn and whilst useable did require replacement. The manager said they planned to refurbish this bathroom, however this had not yet been included in the premises refurbishment plan we were given. The service had refurbished bedrooms and changed some shared rooms to single occupancy bedrooms. A new hair salon had been provided, which meant that people no longer had to have their hair washed in the basin in a downstairs toilet.

The manager and the maintenance worker understood the importance of consideration a dementia friendly environment when planning the refurbishment of the service to enable people to remain as independent as possible, however they had not referred to relevant good practice guidance available about this. Some way finding signs were fitted to help people find their way around the premises, but further work was required to ensure people could differentiate where they were in the home. Contrasting colours had been used to doorways and coloured handrails and toilet seats fitted. The manager told us they planned to make the hallways a more interesting space for people that liked to walk around. We recommend that the manager refer to recognised resources and guidance about dementia friendly environments.

The lift to the first floor was in working order, but the internal metal gate inside the door was heavy, noisy and difficult to open and close. Older people, particularly those with restricted mobility in their hands, would find it very difficult to open the lift gate. Staff told us that some people would be unable to open to the inner lift gate independently, but that most people required staff assistance anyway to use the lift. Three people told us that the lift was noisy and two said they were frightened to use it. We recommend that the registered provider review the lift to ensure it meets people's needs, promotes their independence and is comfortable for people to use.

At our inspection in June 2015 we found that the registered provider had not ensured that staff received regular supervision to ensure they were skilled and competent in their roles. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made. Staff told us they felt supported in their roles. They told us that they received more frequent supervision. Records showed that all except one member of staff had a supervision meeting with their manager within the first quarter of 2016. All staff had undergone an appraisal of their performance in December 2015. Action had been taken to provide additional support to staff where they needed to develop skills or competence. This ensured that staff were appropriately supported and clear about how to care effectively for people.

Staff had completed the training they needed to provide safe and effective care. Where refresher courses were required this had been identified and courses booked. A staff member told us, "The care staff are more trained and most of us are new and we've been trained in everything we need." Staff in all roles completed training sessions in health and safety, equality and diversity, safeguarding adults, fire safety and infection control. Additional training was provided for staff in care roles which included safe moving and handling, pressure area prevention and the Mental Capacity Act. All staff had completed awareness training in dementia and demonstrated that they understood how to meet the specific needs of people living with dementia and how to respond when people were distressed, agitated or confused. One staff member told us, "The dementia training helped me realise each person has their own challenges and I support them in a different way." The manager had sourced an in-depth 12 week training course for staff to complete which was due to commence in the following month. Further training had been scheduled for the following three months in behaviours that challenge, infection control, catheter care, pressure wound prevention, equality and diversity and end of life care. Staff told us that the frequency and quality of training had improved in the last year.

Staff were supported to gain qualifications and study for a diploma in health and social care. The manager had completed the registered manager award and a level 4 care qualification. The deputy manager and two team leaders were working toward level 5 leadership qualification. All staff in care roles, except one staff member, had completed a relevant health and social care qualification and staff in other positions were undertaking qualifications relevant to their role. All care staff were required to complete the 'Care Certificate' that was introduced in April 2015. The care certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Two new staff had completed the certificate. Existing staff had been issued with a workbook to complete and the manager told us they were arranging the required observations.

Staff were able to show that they applied the skills and knowledge obtained in their learning to their everyday practice, for example staff had recently updated their knowledge in safe moving and handling practice and were able to show that they followed this when helping people to move or change position. This meant that staff were able to develop their skills and knowledge to care for people effectively.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA), but the principles of the MCA were not consistently applied in practice. Staff understood the importance of communicating clearly and we saw that they gave people the time they needed to think about and make decisions. We saw that staff sought and obtained people's consent before they helped them. People had given their consent to photographs being taken and used on their care records. Where people had a legally appointed representative this was recorded on their care file and the person had been involved in agreeing the plan of care. We found that one person's plan stated that they lack capacity to make day to day decisions, but no assessment of their mental capacity had been carried out. This placed the person at risk of staff making assumptions about their ability to make their own decisions. Another person had an assessment that asked 'What is the exact decision for which you are assessing capacity?' And had been answered 'Parkinsons disease' rather than specify what decision it was the person needed to make. Some people had alarm mats in place by their beds to alert staff when they got out of bed in the night so that staff could monitor their safety. Where people had not been able to consent to this a mental capacity assessment had not been carried out to establish if they had the capacity to consent before a decision to use the mat was made in their best interests.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were weighed monthly and fluctuations of weight were noted and acted upon. Those identified as at

risk were weighed more frequently and were referred to their G.P or a dietician when necessary. The manager monitored people's weights each month to ensure any changes were acted upon quickly. Where people were assessed as being at risk from dehydration, staff monitored their fluid intake. We saw that the records were completed and running totals of fluid intake were maintained. The manager made checks of people's fluid intake each day, including remotely when not on shift, to ensure that people were supported to take sufficient fluids.

People had their health needs assessed and care plans put in place to meet their needs. People's wellbeing was promoted by regular visits from healthcare professionals. A chiropodist visited every six weeks to provide treatment. An optician visited people upon request. People had been referred to healthcare professionals when necessary. The district nurses from the local GP practice held a monthly clinic in the service to allow the staff and people to discuss any areas of concern about people's health. Records about people's health needs were kept and the outcome of health appointments was recorded within people plans so that staff knew what action to take. This ensured that staff responded effectively when people's health needs changed. People had clear and effective plans to respond to their health needs.

Is the service caring?

Our findings

People and their relatives were positive about the caring attitude of the staff. One person told us, "It is very homely and everyone is lovely" Another person said, "It's a lovely place here, they look after you". All the relatives we spoke with told us they were happy that their relative was treated kindly and that staff were caring. One person said, "They seem to be loved, which is very reassuring." Another person told us, "The atmosphere feels so much more relaxed now."

At our inspection in June 2015 we found that people were not always treated with respect or in a way that promoted their privacy and dignity. We issued a warning notice in relation to this breach of regulation. At this inspection we found that improvements had been made. People had positive experiences which were created by staff that understood their personalities and took time to chat with them and provide assurance. Staff were kind and caring in their approach toward people. They sat with people and held their hand to provide reassurance if they were upset or confused. One staff member told us that a person could become anxious. The staff said, "Knowing this I talk to her more, make sure she can see my face and hold her hand." We saw that staff smiled when talking with people, listened to them and showed an interest in what they were saying. They created opportunities for people talk with each other and facilitated reminiscence based conversations. Staff chatted with people about their families and things that interested them; staff clearly knew people well. Less agency staff were being used in the service since our last inspection and staff had worked to develop life history books for each person so that they could understand what was important to them as individuals.

Recently the service had introduced the use of dolls to provide people with comfort and to meet their emotional needs. The activity coordinator had completed training on how to use doll therapy effectively and had shared the information with care staff. We saw that people sought out the dolls and would nurture them, talk to them and hold them. Staff respected the way people viewed the dolls and took care to treat the dolls in the same way. A staff offered to put a person's doll down for a rest so the person could eat their meal. The staff gently cradled the doll away whilst rocking and singing to it putting the person at the table at ease. One person's family had bought a person a soft toy dog as it provided them with comfort and staff ensured this person had access to this throughout the day. This showed that staff understood the importance of meeting people's emotional needs.

Staff treated people with respect. They complimented them on their appearance and their skills. One staff, who was playing dominoes with a person, was heard to say, "You're very good at this, did you play when you were younger?" People's relatives were warmly welcomed and we saw that relatives were well known to staff. Staff addressed people in the way they preferred and were polite and respectful when they spoke to people.

People were involved in their day to day care. People's care plans and risk assessments were reviewed regularly to ensure they remained appropriate to meet people's needs and requirements. Each person had a named keyworker. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. Relatives told us that they knew who their relatives'

keyworker was and were able to talk with them about their care plan at any time. Feedback about people's care was sought in the six monthly review meetings with the person and their relative. People were involved in planning and reviewing their care to ensure it met their needs and preferences.

People were provided with information about the service. They were given a service user guide that contained information about the services provided and how to make a complaint if they needed to. Information about local services, including how to access advocacy services, was provided in the entrance hall.

People told us that their privacy was respected and that staff always knocked on their doors before entering. Staff were discreet when offering to provide personal care to people. People's care plans included information about how to maintain their dignity. A staff member had been appointed as a dignity champion and six weekly dignity meetings had been scheduled, but had not yet commenced. We saw that people were routinely provided with bright coloured plastic bowls and beakers at mealtimes and we discussed this with the manager as it did not promote people's dignity if they did not require this type of bowl or cup. The manager agreed to review this arrangement. Arrangements were in place to ensure that people's records were stored securely and that their personal information remained confidential. Staff did not discuss personal information in communal areas of the service.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote people's independence. People's care plans were written to reflect what they could do for themselves and where they needed additional support. We saw that staff provided the care people's plans said they needed. They encouraged and enabled people to be independent, providing the right levels of support.

Is the service responsive?

Our findings

People and their relatives told us the staff responded to their needs quickly and effectively. One person said, "The staff come when I need them and they know what help I need." A person's relative told us, "The staff know her well and make sure things are done the way she likes them." People told us that they had control over their daily routine and were supported to do the things that were important to them. One person told us "I go to bed when I feel like it, normally early as I have always been an early to bed, early to rise person." Another person said "There is always plenty to do if you want to." A person told us, "I am not as lonely as when I lived at home on my own." A person's relative told us, "There are always nice things going on."

At our inspection in June 2015 we found that the registered provider had not ensured that people received a personalised service. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made. Each person's needs had been assessed before they moved into the service. This addressed their needs in relation to their personal care, safety, sleep, mobility, skin integrity, communication, nutrition, health and personal preferences. The care plans we viewed were detailed and reflected people's preferences, for example, how they like to dress and whether they prefer a male or female care staff to assist them. One person's care plan stated that they should be "Enabled to live life how they choose, even if not conforming to the 'norm' without distressing or upsetting others." People's care plans gave staff guidance on how to recognise and respond to their needs, for example, how they express pain and the way in which they communicate their needs. The plans for people who were living with dementia included information about how to respond to distress or confusion. They outlined usual behaviour for the person, for example one person who was often awake at night and walking around the service, and gave staff guidance on responding, for example offer a drink and snack and monitor until ready to go back to bed. People's care plans included information about their communication needs, including if they required glasses or a hearing aid. Staff adapted their communication methods to each individual to ensure they promoted effective communication. This showed that staff understood how to plan care that took account of people's individuality.

We saw examples of personalised care, for example staff addressed people in the way they preferred and knew what their preferences were in relation to their daily routine. One person was caring for a doll to provide comfort. The activity staff member told us, "The change was amazing, she went from rocking and humming to smiling and interacting with the doll. They worked out so well we had to buy more, it's been such a success." There were 'twiddle muffs' available which are a sensory knitted hand muff that people living with dementia can use for sensory stimulation. One person told us they liked to knit and we saw that they were supported to do this as they were working on their current knitting project when we visited. Another person told us they enjoyed reading and we saw that they had access to their books during the inspection. Staff were able to describe people's preferences and what they did to support these. This meant that people received care that was personalised and met their needs.

The service responded in a timely way to changes in people's needs. Prompt referrals were made to relevant health services when people's needs changed. People's care plans were reviewed monthly by their keyworker and a team leader and a six monthly care review meeting was held where people could involve

their relative if they wished. A dependency profile was completed each month to ensure people received the care they needed and to ensure staffing levels were changed as people's needs changed. One person's needs had significantly changed and the manager was able to demonstrate the action they had taken to review their needs, their care plan and to seek advice from other health professionals. A system was in place to provide additional 1-1 staffing at particular times of the day until their care package could be formally reviewed. People's health and psychological needs were met in practice and staff responded to people's changing needs.

People were consulted about what they enjoyed doing and were involved in the planning of the activities programme. There are activities coordinators deployed in the service who told us that the registered provider was supportive of the activities programme and provided the resources needed. They said, "If I need anything I just ask, they are very good, things I need are provided and extra training, I feel very supported." Recently people had enjoyed a range of social activities provided by the service, including knitting, reading, word games, singing, music, reminiscence memory games, group discussion, jigsaws and card making. There were a number of activity boxes located around the lounge and dining rooms that people could pick up and look through. We saw staff using these with people to aid discussion, for example there was a box with 1940/50's clothes in. During the inspection some people were involved in a card craft and others were knitting, reading or listening to music and singing. People were seen to participate and leave activities as and when they chose. The manager told us that they planned to increase the opportunities for outings this year. Relatives told us that they had been asked for ideas at the last relatives meeting and some local activities, such as feeding the ducks in a nearby park, were planned. People had their social needs and interests met.

The provider had a clear complaints policy and procedure that informed people how to complain and who else they could contact to discuss any concerns. The complaint procedure was displayed in written form in the reception area and was included in the service user guide. Complaints were recorded and responded to appropriately and there had been no recent complaints. Following a suggestion in the registered provider audit the manager had introduced a niggles book to record minor issues that were resolved immediately without the need to use the formal complaints procedure. Relatives told us that they knew how to make a complaint if they needed to and most people using the service understood the process. However, everyone we spoke with said they would be happy to talk with the manager about any concerns. One person's relative said, "The manager makes a point of saying to us to come and speak with her if there are any concerns."

Is the service well-led?

Our findings

People and their relatives told us that there had been improvements to the service over recent months and that the new manager was leading the service well. One person told us, "I can't fault anything." People's relatives told us, "It's amazing the work they have done" and, "Greatly improved over the last six months." People's relatives told us that the manager was approachable and communicated effectively with them about their relatives wellbeing and developments in the service. One person said, "They are great at phoning and keeping in touch." Another person told us, "The manager is very approachable, but professional as well. She is clearly in control of the service, but she gets on really well with everyone."

At our inspection in June 2015 we found that the registered provider did not operate effective systems for ensuring that people received safe care and treatment. They had not identified shortfalls in the service or ensured improvements. We issued a warning notice in relation to this breach of regulation. At this inspection we found that improvements had been made. The manager had begun to make effective use of systems for monitoring the quality and safety of the service and making continuous improvements. A wide range of audits were carried out to monitor the quality of the service. Monthly checks were made of areas of the service, such as medicines, catering, infection control and the safety of the premises to ensure that people were safe. Where shortfalls had been identified action had been taken quickly to address these. The manager also completed a daily audit that focused on staffing levels, people's fluid intake, call bell response times, staff interactions and people's mealtime experience. People that used the service were asked for their feedback each day. We saw examples within the audit where the manager had raised with staff where a person's fluid intake was low and action was taken to increase the frequency and range of drinks offered.

The registered provider had completed an audit of the service in November 2015 and March 2016. The November audit had identified two people using bedrails that had not consented to this. We saw that the manager had addressed this issue. The audit in March 2016 had identified need to record use of PRN more clearly, this had not yet been resolved. The manager had addressed other shortfalls found in the audit including moving the storage of cleaning products for safety reasons, updating the safeguarding policy and introducing a niggles book.

The registered provider and manager had introduced changes that had impacted on the culture of the service to ensure it better reflected the registered provider's vision and values. More permanent staff had been recruited and less agency staff used to ensure staff got to know people and their needs well. Life history books had been developed and staff demonstrated that they knew what was important to people and how to meet their needs. The manager knew each person who lived in the service and was sensitive to their needs. They were able to tell us about each person's needs, their preferences and how their care was delivered. This ensured a more personalised service for people, however the manager acknowledged that this shift in culture would take time to fully embed into practice. We recommend that the registered provider continue to closely monitor staff practice and to regularly assess the culture of staff practice to ensure it reflect person centred values.

The registered provider had not ensured that accurate and complete records were always kept about the

care provided to ensure people's needs were met. The records were not sufficiently detailed to allow the manager to monitor that people received the care they needed. Where 'as required medicines were used the record did not detail what the medicine was used for to allow the manager to monitor any patterns in people's health conditions. The new electronic care planning system allowed staff to record the care provided to people, but had not always been completed in sufficient detail to demonstrate that personalised care had been provided. For example, where people's plans stated they could do certain things for themselves it was not recorded in the care records whether they had been enabled to do so. The electronic care records were based on staff completing tick boxes and were often task focused and lacked personalisation about people's well being, their mood and their preferences. Information about the social activities people participated in was recorded, but little detail about whether this was successful, how much the person participated or whether they enjoyed the activity.

The registered provider had not ensured that accurate and complete records were kept for the effective running of the service. Cleaning records had been completed consistently for daily cleaning tasks, but particular tasks were identified to be completed on a weekly or monthly basis, for example carpet cleaning and skirting boards. These records had not been completed consistently, although we were able to see from other evidence that the tasks had been completed on some days. The system for recording accidents and incidents was unclear. Some accidents and incidents were recorded on the appropriate form and had been seen and signed off by the manager, however we found two incidents that had only been recorded in the person's care record. This meant that there was a risk that the manager may not always be made aware of all incidents in the service to enable them to take appropriate action.

Records about people's care and for the effective running of the service were not consistently maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records.

People's views were sought and listened to. Relatives and residents meetings were held monthly. People told us, "The manager listens to our views and asks for our ideas" and "The meetings have been arranged at flexible times to accommodate everyone." People were asked about their views of the care, the range of activities, the premises, staffing and the quality of the food. The service also sent a series of annual questionnaires to people, their relatives or representatives, staff and health professionals to gather their views on the care and support provided. The last survey had been completed in June 2015. People, their relatives and staff told us that the manager was visible in the service and "Not hidden away behind an office door." They said they felt they could approach the manager and share ideas at any time and would be listened to.

The manager provided clear and confident leadership for the service. Staff felt supported in their roles and were clear about their responsibilities. The manager had recently appointed staff to lead roles for particular areas of the service, including a dignity champion, infection control, Palliative care and dementia. Training for the new roles was being developed and the manager had arranged to meet with each lead six weekly to discuss improvements to the service. The manager and the registered provider had worked with the local authority safeguarding team to make improvements following three safeguarding allegations made in 2015. An action plan for improvements had been developed and was in progress. Staff were aware of the registered providers whistle blowing policy that provided protection for staff that wished to raise concerns with other agencies outside the service. The manager was open and transparent. Since the last inspection improvement had been made and the manager and registered provider understood of their legal

responsibilities. They notified the Care Quality Commission of any significant events that affected people or the service.

The manager had developed links with the local community. Two people who were signed up as 'dementia friends' visited and spent time with people to meet their social needs. The manager had encouraged staff to sign up as dementia friends in a recent team meeting, but this had not yet happened. A local school were holding a painting competition for pupils and residents at Alpine had been asked to judge the winners. The students were to come in and present their work to people which would create an opportunity for people to socialise and contribute to their local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the MCA were not consistently applied in practice. 11(3)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that accurate and complete records were always kept about the care provided to ensure people's needs were met. 17(2)(c) The registered provider had not ensured that accurate and complete records were kept for the effective running of the service. 17(2)(d)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of staff deployed at night to ensure people's safety and meet their needs. 18(1)