Silversword Limited

Old Alresford Cottage

Inspection report

Old Alresford
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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

The provider had systems, processes and practices in place to protect people from the risk of abuse. Potential risks to people had been assessed and measures were in place to manage them for people's safety, whilst not restricting their freedoms. There were sufficient numbers of suitable staff deployed to keep people safe and meet their needs. Processes were in place to ensure the proper and safe use of medicines.

The provider had taken action to ensure sufficient cleaning of the service took place whilst a new housekeeper was being recruited. The registered manager ensured learning took place from incidents to improve people's safety.

People's care and treatment was delivered in line with current, national legislation and guidance to ensure effective outcomes for people. The provider ensured staff had the required skills, knowledge and experience to provide people with effective care.

People were supported by staff to eat and drink sufficient amounts for their needs. The registered manager listened to our feedback with regards aspects of the lunch service which required attention and took immediate action to address them for people.

Staff worked both as a team within the organisation and across other services to ensure people received effective care. People were supported by staff to access health care services as required. The building was not originally designed to meet the needs of people living with dementia, but relevant equipment was in place and staff supported people where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with kindness and compassion when delivering care. Staff supported people to make decisions about their care and people's choices were respected. People's privacy, dignity and independence were upheld during the provision of their care.

People received personalised care that was responsive to their individual needs. People were provided with opportunities for social stimulation. People were supported by staff to receive their end of life care at the service if this was their wish.

The provider had a clear set of values which underpinned the provision of people's care. People and their relatives told us the registered manager and the deputy manager were visible and supportive, which we observed. There were clear staff responsibilities and accountability within the service. People and staff were encouraged to provide their views on the service. People felt their concerns and issues were listened to and dealt with to their satisfaction.

There were processes in place to monitor the quality of the service and to identify areas for improvement. The service worked in partnership with external agencies to ensure people received effective care.

Further information is in the detailed findings below.

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**

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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 comprehensive inspection took place on 3 December 2018 and was unannounced. The inspection team included two inspectors 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. The expert by experience had experience of caring for older people.

We did not ask the provider to complete a Provider Information Return (PIR) prior to the inspection, instead we gathered this information at the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received feedback from the link social worker for the service. During the inspection we spoke with seven people and three people's relatives. We also spoke with two care staff, two team leaders, a member of domestic staff, the chef, the deputy manager, the registered manager, the regional manager and the nominated individual. Following the inspection two staff whom we had not spoken with during the inspection contacted us to provide their feedback.

We reviewed records which included four people's care plans, two staff recruitment and supervision records, staffing rosters and records relating to the management of the service.

The service was last inspected on 12 and 13 September 2016 when no concerns were identified.

Good

Is the service safe?

Our findings

People reported they felt safe in the care of the staff. Staff we spoke with understood their role to protect people from the risk of abuse. They told us safeguarding training had been provided, which records confirmed, and they had access to relevant guidance. The registered manager understood their responsibility to raise safeguarding alerts with the local authority where required to safeguard people and had done so. The provider last audited the service's safeguarding processes in September 2018 when no issues were identified.

Risks associated with people's care needs, health conditions, behaviours and environment had been identified, assessed and measures were in place to manage them to keep people safe. Staff understood people's individual mobility needs and appreciated some people's ability to self-mobilise was variable depending on the day and followed the written guidance provided. They knew some people could move independently on some days, whilst on other days they might require a hoist to help them move safely. Staff ensured they did not restrict people's human rights when managing risks for them.

The registered manager assessed the staffing requirements for the service using a dependency tool and as a result staffing for the service had recently been increased. We observed there were sufficient care staff and team leaders rostered to ensure people received timely and unrushed care. The registered manager told us there were three full-time vacancies across the day and the night shifts which necessitated the use of agency staff in the home. The registered manager booked regular agency staff to ensure continuity of care for people. A person told us, "There are always staff around, some are agency, but good." The provider had completed relevant recruitment checks prior to offering employment to new members of staff to ensure their suitability for their role.

Medicines were ordered, stored, administered and disposed of safely. People received their medicines from suitably qualified staff who had completed relevant training and had access to up to date guidance. People's care records documented their medication needs, how they preferred to take medicines and the signs people might exhibit if they required medicines taken, 'as required.' There were written instructions for staff regarding the safe administration of medicines such as anti-coagulants, to ensure people's safety in the event of a fall, as anti-coagulants can cause people to bleed excessively following a fall. Staff were observed to sign people's medicine administration records, once their medicines had been administered. People told us that although staff's administration of medicines was slow on the morning of the inspection generally they were on time.

People told us staff were very aware of the need for good infection control in the service. A person said, "When they wash me they always wear an apron." Staff had undertaken infection control training and we observed they wore the personal protective equipment provided. We noted the dusting and hoovering of communal areas needed to be more thorough. We spoke with the regional manager who explained one of the three housekeepers had recently changed role and action was in hand to recruit a replacement. Following the inspection, they provided evidence that whilst this took place alternative arrangements had been made with a private cleaning agency to ensure there were sufficient cleaning staff to maintain the

provider's required standards.

Staff electronically documented any incidents that took place, and any required actions which were taken for the person's safety, to prevent further incidents. The registered manger had introduced learning sessions following more significant events to share learning with staff and to decrease the likelihood of repetition.

Good

Is the service effective?

Our findings

Staff completed a holistic assessment of people's needs prior to their admission, to ensure the service was suitable. The provider had ensured the policies and guidance for staff reflected current legislation and best practice to ensure people received effective care. Staff used the electronic care planning and daily care records system to plan and document the provision of people's care. This provided 'real-time' information, that people and their relatives could access.

New staff received an induction to their role. Staff completed the provider's required training and additional training specific to people's needs. Staff told us they were supported with their professional development, which records confirmed. Staff received regular supervision. Supervisors reviewed people's electronic daily care records with staff as part of this process to identify any areas of care provision that required attention for people, to ensure they received person centred care.

People were provided with a choice of meals. Kitchen staff were informed of people's food and drink preferences, food allergies and dietary requirements. The chef fortified the meals to provide additional calories to maintain people's weight. People's food and fluid intake and weight was monitored. If staff had any concerns about people's weight or fluid intake, the GP was informed, and guidance sought.

People enjoyed the home cooked meals provided. They reported the meals were, "Good", "Wonderful" and "Excellent." Staff supported those who required assistance with their meals. We noted aspects of the lunch service could have been improved to provide a swifter and more appealing service. We provided feedback to the registered manager who immediately acted to address these issues. They informed us after the inspection of the actions they had taken, such as buying new condiment sets and how they had involved people in this process.

Staff held shift handovers to pass on any relevant information and to highlight if people needed to be referred to other services. Staff carried radios to enable immediate communication, due to the layout of the building. This ensured that if people needed to be referred to another service urgently, this information could be relayed effectively. People had a hospital information tab on their electronic records to provide essential information about them in the event of their transfer to hospital. The service had joined the NHS hospital 'red bag' scheme, which facilitates the smooth transition of people's belongings and paperwork between care homes and hospitals.

People's baseline observations, such as their pulse and body temperature were monitored monthly. The GP held a weekly clinic and there were regular visits from the district nurses. The service linked in with various specialist teams to meet people's health care needs.

The service was not purpose built for the needs of people living with dementia. Therefore, the layout presented challenges such as different levels, steps and some narrow corridors. The provider had taken measures to make the building more suitable. They had installed coloured grab rails and ramps for people's use where required. There was adequate pictorial signage to guide people. Those with impaired mobility

were accommodated on the ground floor for their safety. Most people were able to orientate themselves, but staff assisted those who required support to move about the service if required.

There were three communal lounge dine areas so people had plenty of space. However, most chose to spend their time in the 'Butterfly' area. The building was secure for people's safety and only authorized people could access it. Staff supported people where required to access the spacious gardens as these were not secure.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. 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 had the appropriate legal authority and were being met.

Staff had undertaken relevant training and understood their role in relation to the MCA. They were aware of who was subject to the Deprivation of Liberty Safeguards. Where people lacked the capacity to consent to an aspect of their care, legal requirements had been met.

Good

Is the service caring?

Our findings

Everyone we spoke with reported the care at Old Alresford Cottage was good. One person commented, "I've got nothing to say against the staff because they are so nice here." Another said, "I'm treated as one of a big, happy family" and a third thought that the night staff were, "Out of this world." A relative confirmed, "The carers are kind and caring."

We observed staff treated people with kindness and compassion when they provided their care. People experienced positive interactions with staff and clearly enjoyed their company.

Staff had time for people and their care was not rushed or hurried. A relative told us how their loved one, was a very slow eater, "But is never hurried and is allowed to enjoy it at [loved one's] own pace." We saw staff stopped and chatted with a person who held out their photograph album. They talked with the person about who was in the photos.

Staff had access to information about people's personal backgrounds, which they had read and understood. We saw that when a person show signs of distress, staff responded to them promptly. They distracted the person from what was upsetting them by engaging them in a conversation about their previous employment and the person visibly calmed. Staff knew who liked to sit together in the lounges and ensured they could. We observed two people sitting together holding hands, they were content in each other's company.

People were involved by staff in making decisions about their day to day care. People's care plans instructed staff to respect people's right to make their own choices. We heard staff across the course of the inspection provide people with choices, such as what they wanted to eat and drink and what they wanted to do with their time. We saw people were able to choose where they wanted to be. A person told us they were having their meal in their bedroom as this was what they preferred.

Staff respected people's privacy and their personal care was provided in private. Staff were heard to speak to people in a jovial but respectful tone. A relative said how much they enjoyed the banter between staff and their loved one. A person told us, "They talk to you as they would like to be spoken to."

People's care plans identified what areas of their care they were independent with and which aspects they required assistance from staff with. We heard staff check with people if they required assistance with cutting up their meal for example, rather than making assumptions. People confirmed they were supported to do things for themselves. One person commented, "They don't do everything for me." Another said, "I am encouraged to care for myself, with help."

People's visitors were welcome to visit when they wished. A relative told us, how staff also kept an eye out for them, which made them feel staff were also interested in their welfare.

Good

Is the service responsive?

Our findings

People had comprehensive and informative care plans which addressed all their care needs, and were written in partnership either with them or their representative. These were reviewed monthly or sooner if there was an incident, to ensure they remained up to date.

People's personal routines, schedules and preferences about their care were well documented for staff's information. Relatives confirmed staff always appeared to know not just what they were doing but they knew how people liked things done.

Staff had undertaken training in dementia care, to ensure they understood the needs of those living with dementia and could be responsive to them. Staff were provided with written guidance regards triggers to people's behaviours and the strategies to use to assist the person. Staff were skilled at intervening when people became distressed.

The service did not have an activity coordinator as the previous one had left recently. A new activity coordinator had been employed and was due to start shortly. Care staff were rostered to provide activities in the interim for people and on the afternoon of the inspection one member of care staff provided one to one visits whilst another presented group activities. There was a full schedule for December 2018, which included activities on weekends as well as weekdays. The schedule included, sing alongs, crafts, Christmas activities, games, films, a Christmas carols evening for people and their families, external entertainers and aromatherapy. We observed that as most people chose to spend their time in one lounge, this created the opportunity for people to socialise and chat with each other. The service had just acquired a vehicle and there were three drivers who could take people out.

The service ensured that people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs had been identified and although no-one required information in large print or another language these could be provided if required.

The provider had a complaints procedure which outlined the complaints process. People told us they felt able to raise any issues. A person said, "Just go to [registered manager], it would be dealt with straight away." Another person gave an example of where they had recently raised an issue and they felt the registered manager had dealt with it promptly. Records showed the two complaints received this year had been addressed for people and led to improvements in the service provided. People felt their concerns and issues were listened to and dealt with to their satisfaction.

People and their representatives were asked for their views about their end of life care if they were ready to have these discussions and their wishes were documented. People had been consulted about whether they wanted a do not attempt cardiopulmonary resuscitation order in place where they did not want this

intervention. Where people lacked the capacity to make this decision, legal requirements had been met to ensure if an order was in place, it was in the person's best interests. Staff had undertaken end of life care training and were supported by the GP and district nurses to enable people to remain at the service for their end of life care where this was their preference. Staff ensured anticipatory medicines were in place for people's comfort during their end of life care.

Good

Is the service well-led?

Our findings

People told us the leadership of the service was very visible as everyone knew who the registered manager was and trusted them. Feedback included, "I hardly ever come here without seeing the manager, he's very hands on" and, "The manager is nice, you can talk to him, he's always around." People told us the manager was very supportive and ran the service well. We noted one person who was particularly anxious had a strong bond with the registered manager and went into the office as they wished to sit and talk. This was obviously a regular occurrence and the registered manager displayed patience, understanding and a willingness to give their time to them.

The provider's objectives for the delivery of people's care were outlined in their statement of purpose. These were to optimise people's health and well-being, support their independence, provide choices and uphold people's dignity. Staff were observed to implement these objectives as they provided people's care. People told us the service was, "A very happy place" and, "It's like home, it has a homely atmosphere."

The service was run by an experienced 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 had submitted notifications about events to the Care Quality Commission as required. There was a clear management structure. The team leaders led the staff shifts and ensured staff were allocated effectively to provide people's daily care.

The regional manager and the nominated individual were present during the inspection. We saw people recognised and greeted them, which confirmed they were regular visitors and known to people.

People's views on the service were sought through their reviews and the provider's quality assurance surveys. The views of day and night staff were sought through staff meetings.

There were links with the local community. The service invited local people for a Christmas meal if they were alone. The registered manager had begun to forge links with the local dementia care group. People were also able to access the local church service if they wished.

There were processes to monitor the quality of the service and to identify areas for improvement. There was a comprehensive audit programme, linked to the Care Quality Commission's key lines of enquiry, which also involved consultation with people. These audits were completed both internally and by the regional manager and the nominated individual to ensure they had oversight of the service. Where items were identified, there was an action plan to ensure they were addressed. For example, records demonstrated that following the recent infection control audit, a meeting was held with the infection control lead to discuss the issues found and identify the actions required which were to be reviewed later in the month. In addition, there were six monthly visits by an external consultant who advised on potential areas for improvement. There was a programme for refurbishment of the service. The kitchen floor, the butterfly lounge and the

dining room carpets had recently been replaced.

The registered manager completed a monthly review and analysis of any falls people experienced to identify any actions required for individuals or trends. As a result, they had contacted the Clinical Commissioning Group who attended the September 2018 staff meeting to speak with staff about falls prevention. Further falls training was provided for staff in November 2018. The service also had strong links with the social worker for the service and the local GP service.