

Cranford Care Homes Limited

Alma Green Residential Care Home

Inspection report

Alma Hill, Hall Green
UpHolland
Skelmersdale
Lancashire
WN8 0PA

Tel: 01695622504

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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

About the service

Alma Green Residential Care Home (Alma Green) is a residential care home registered to provide accommodation and personal care for up to 29 people. At the time of the inspection 25 people were living in the service.

People's experience of using this service and what we found

People were safe living at Alma Green. The practices adopted by the home protected people from harm. We identified some minor shortfalls with the management of medicines, but these were rectified immediately. Enough staff were on duty to meet the needs of people and acceptable recruitment practices were in place. People looked relaxed in the company of staff and relatives confirmed they felt people were safe living at Alma Green.

A wide range of training had been provided for the staff team, which helped to ensure people received the care and support they needed. Community health and social care professionals had been involved in the care and support of those who lived at the home and people's dietary needs were being met.

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.

People received good care. Their preferences and wishes were respected by the staff team. People were treated with dignity and respect and were involved in the decision-making process. Care files were person-centred. Clear guidance was available about how to communicate with people effectively and independence was promoted. A range of activities were provided.

The staff team were open and transparent during the inspection process. There was evidence of community engagement taking place. A range of audits and monitoring was seen. We received positive feedback about the staff team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The service was rated requires improvement at the last inspection (Published on 03 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are

identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alma Green Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has experience of the type of service being inspected.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave at the time of this inspection. The deputy manager assisted us throughout the inspection process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we checked all the information we held about the service. This included any statutory notifications that the service is required to send to us by law, any allegations of abuse or feedback about the

service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

To understand the experiences of those who used the service we spoke with seven people who lived at the home and observed interactions between staff and people . We also spoke with two relatives and three members of staff. We looked at several records. These included three care files, medication administration records, two staff files, training records and associated documentation relating to the operation and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had systems, which protected people from the risk of harm.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans and risk assessments contained clear explanations of the control measures for staff to follow to keep people safe.
- The provider had ensured risks had been thoroughly assessed, which helped to ensure people were kept safe.
- The staff team received annual fire safety training and a fire marshal had been appointed. A fire safety policy and risk assessments were in place.
- The provider had introduced personal emergency evacuation plans for each person who lived at the home. We found these to be detailed, providing clear guidance for staff about how individuals would be best supported to evacuate the building.
- Internal checks were conducted regularly to ensure fire systems were in good working order. We checked a random selection of certificates and found systems and equipment had been serviced in accordance with manufacturers recommendations to ensure they were safe for use.
- The provider had a policy for the recording and reporting of accidents and incidents. However, it was not clear how they were monitored and what action had been taken. Immediately following our inspection, the provider developed an action plan, which outlined how accidents and incidents would be monitored and how lessons learned would be recorded.

At our last inspection we recommended the provider consider reviewing the risk assessments more frequently. The provider had made improvements.

- Risk assessments had been reviewed regularly to ensure the staff team were provided with up to date guidance about identified risk and therefore this helped to keep people safe.

At our last inspection we recommended the provider consider making improvements around the documentation of accidents and incidents and updating associated records, such as care plans and risk assessments. Some improvements had been made.

- At this inspection we found further developments could be implemented in relation to the monitoring of accidents and incidents and the recording of lessons learned. We discussed this with the deputy manager at the time of our inspection. Immediately following our inspection, the provider developed an action plan, which outlined how accidents and incidents were to be monitored and how lessons were to be recorded.

Using medicines safely

At our last inspection we recommended the provider consider making improvements to the minor shortfalls in the management of medicines. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and had been assessed as competent to support people with their medicines.
- The provider had policies for the administration of medicines and audits were conducted regularly. However, we identified some minor shortfalls, which were discussed with the deputy manager. The provider developed an action plan immediately following our inspection, which outlined action taken to address the issues raised.
- The staff member administering the medicines during our inspection had adopted safe practices.
- The provider had implemented audits in relation to medicine management and staff responsible for the administration of medicines were regularly observed and assessed as being competent.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the home were safe and protected from abuse.
- The provider had safeguarding information available for the staff team in line with current guidance from the local authority. This was clearly displayed within the home, so that people would know how to report any allegations of abuse, should this be necessary.
- No safeguarding referrals had been reported or recorded since the last inspection. However, staff had received training in this area and those we spoke with were aware of what to do should they be concerned about the safety or welfare of someone who lived at the home.
- People who lived at the home appeared comfortable in the presence of staff and those we spoke with told us they felt safe at Alma Green. Family members confirmed their relatives were safe using the service and told us staff treated them well. We noted a relaxed and friendly environment was created for those who lived at Alma Green. Comments we received from those who lived at the home included, "I feel safe here because if you buzz, they [staff] come"; "I feel perfectly safe here. I am well protected. Every safety need is taken care of. Being upstairs I can open my windows" and "I feel able to walk around and not feel threatened."

Staffing and recruitment

- Some people we spoke with felt more staff would be beneficial. However, on the day of our inspection we found sufficient numbers of staff were on duty to meet the needs of those who lived at Alma Green. Minimum levels of agency staff were used to cover sickness and absences. Staff members told us the same agency staff were used, when needed. One commented, "Those wed are getting at present are great. They are like one of the team." This helped to ensure people were supported by staff members they were familiar with.
- Staff members we spoke with and our observations confirmed staff were able to sit and chat with people

who lived at the home and assistance was provided promptly.

- The provider had ensured appropriate checks had been conducted before potential staff started to work at Alma Green. However, one member of staff had changed roles during their employment, but further checks had not been conducted in relation to their new position. We discussed this with the deputy manager, who confirmed she would ensure additional checks were conducted for staff changing roles going forward.

Preventing and controlling infection

- The provider had established good infection control practices.
- The provider had policies in relation to infection control and staff had completed relevant training.
- The environment was clean and hygienic throughout. There were no unpleasant odours noted.
- The provider's representative had completed regular infection control audits and we saw a good amount of personal protective equipment was readily available for staff.

Learning lessons when things go wrong

- We discussed lessons learned with the deputy manager during our inspection. The provider's action plan developed immediately following our inspection highlighted how accidents or incidents were to be analysed and discussed at team meetings. This would help to reduce the possibility of repeat incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider introducing a more structured approach towards regular supervision and appraisal of staff. The provider had made improvements.

- Systems had been implemented which enabled the staff team to be individually supervised and appraised, allowing discussions around work performance, training needs and any concerns or areas of good practice.
- There was a well-trained staff team, which helped to ensure effective care was provided.
- New staff were supported through a detailed induction programme. The staff team were described by people as 'caring', 'lovely' and 'wonderful'.
- Mandatory training was available for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance.
- Competency checks were conducted and staff confirmed they had regular supervisions and annual appraisals. One member of staff told us, "I am really well supported by the managers. I love the home, the staff team and the residents."

Supporting people to eat and drink enough with choice in a balanced diet

At our last inspection we recommended the provider monitor people's fluid and dietary intake more closely, by ensuring nutritional charts were completed in a more structured way. The provider had made improvements.

- Systems had been implemented to ensure nutritional charts were completed more accurately. This helped to ensure people's fluid and dietary intake could be monitored more closely.
- The provider ensured people received a well-balanced diet, which met their needs.
- People's nutritional needs were assessed and those requiring closer monitoring were weighed regularly. We saw good evidence of fluid and dietary intake being monitored with specialist advice sought, as was necessary. The menu offered people a good variety of choices and their dietary likes and dislikes were recorded well.
- Everyone we spoke with provided us with positive comments about the quality of food served. One person said, "The food is lovely. There is a choice of meals for lunch and dinner and there are biscuits and crumpets

in-between, more than enough if you are still hungry." Another told us, "They [staff] come around with the menu and you have two choices, but if you don't like them, they will make something else for you."

- The dining experience was pleasant with wholesome food being served and improvements were noted in the kitchen, which was found to be well-managed and clean.

Adapting service, design, decoration to meet people's needs

At our last inspection we recommended the provider consider making improvements to the environment, as it needed to be upgraded and modernised. The provider had made improvements.

- Some improvements to the environment were noted. The environment was clean, hygienic, well-maintained and pleasantly decorated. This is an ongoing process. It was clear the provider intends to continue to improve the surroundings for those who live at the home.
- We saw suitable improvements had been made to the premises. The provider was making good progress to create a homely and more pleasant environment for those who lived at Alma Green. Signage was displayed, which helped to ensure people were able to move around the home safely.
- The environment was pleasantly decorated and well-maintained. It was suitable for those who lived at Alma Green. However, we noted a few minor areas of work which needed attention. These were attended to before we left the premises

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider had ensured mental capacity assessments had been conducted and decisions had been made in the best interests of those who lived at the home. This was evident in the DoLS applications, but not in one of the care files we looked at. We discussed this with the deputy manager at the time of our inspection. The provider's action plan developed immediately following our inspection confirmed this had been completed.
- Records showed people had agreed to the care and support provided and we saw staff asking them for verbal consent prior to any personal care or activities being carried out.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before a placement at the home was arranged. This helped to ensure the staff team had the resources and training to meet individual needs before people moved into the home.
- The care plans we saw provided the staff team with clear guidance about how care and support was to be

delivered for individual people.

- Preferences were recorded clearly in care files and the staff supported people to make choices about daily living experiences. One person told us, "I have established a routine for myself. At 8.10 every day I ring the buzzer and they come and help me to get dressed." Another commented, "I can get up and go to bed when I want to. In the morning I press the buzzer when I want to get up in the morning and the staff come and help me."

Staff working with other agencies to provide consistent, effective and timely care; Supporting people to live healthier lives, access healthcare services and support

- We had contact with several community professionals, who provided us with very positive feedback about Alma Green, the staff and the management team.
- We saw people being provided with appropriate and timely support for their individual needs. One person told us, "If I need it they would get the doctor, a podiatrist does my feet, we have an optician who came recently and supplied me with new glasses. I go out to the dentist across the road."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The staff team ensured people were always treated well.
- We observed some lovely interactions between staff members and those who lived at the home. It was clear that people were treated equally and any diverse needs were appropriately met. Care records we looked at confirmed this.
- Care plans we saw included the importance of respecting people and ensuring their privacy and dignity was promoted, particularly during the provision of personal care.
- People we spoke with told us they were looked after by a kind and caring staff team. One person told us, "I can't fault the staff at all, I treat them like friends, I have been here so long." Another said, "They [staff] take care of my hair and they take care of me very well. They know all about me and my past. I feel this room is my home and the staff treat it that way. Although they haven't got a lot of time, but if I need them to talk to I press the button and they come and talk to me, I feel as if they are friends."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and we observed them making a variety of choices throughout the day.
- People who lived at the home and their relatives had periodically completed surveys, which provided positive feedback about the service, staff team and support in decision making.
- Good information of how to support people's communication needs was recorded and we observed staff members allowing people time to express their wishes in a compassionate way. This supported people to be involved in their care. We received positive feedback around people being able to make decisions.

Respecting and promoting people's privacy, dignity and independence

- The staff team ensured people's, privacy, dignity and independence was maintained. We observed people's personal care being delivered in the privacy of their bedrooms or bathrooms and we saw staff knocking on bedroom doors before entering. Staff were observed chatting with people quietly, whilst maintaining their dignity.
- The provider had a range of policies to help staff to promote people's privacy and dignity and information relating to advocacy services was on display. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- Care records and staff files were stored in a confidential manner. This supported the General Data

Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

- We received very good feedback about the staff team and the management of the home in relation to respecting people. Comments we received from people who lived at the home included, "When staff are looking after you, they make sure it is done in private and do not embarrass you"; "One of the carers [staff] gives me a shower and she is very thorough. I am showered in private and we have a laugh together" and "They [staff] maintain your dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider introduce meaningful and structured activities for people, which were specific to individual needs and wishes. The provider had made improvements.

- An activity co-ordinator had been appointed. More structured activities had been introduced based on people's preferences and wishes.
- The activity co-ordinator was responsible for organising a programme of activities, which people told us they enjoyed. People seemed to like visits by musicians.
- Records we saw showed a variety of activities were provided both in the home and within the local community. We were told plans were in place for more trips out during the summer months. However, one person told us they would prefer some gardening activities during the warmer weather.
- Evidence was available to demonstrate a range of activities were provided and people were supported to continue their interests whilst living at the home.
- The service made use of technology. A lap top was available and we saw staff completing records on hand held devices. Computer systems were used to develop care records, to support staff training and to monitoring the quality of service provided. Wi-Fi was available within the home, should anyone wish to use this service.

Meeting people's communication needs

At our last inspection we recommended more meaningful communication with those who lived at the home be developed, so that opportunities to engage in conversation were not missed. The provider had made improvements.

- We saw staff members openly engaging with people during this inspection, which enabled meaningful conversation and helped to avoid isolation.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with good details about the services and facilities available to them. This helped them to make informed decisions about accepting a place at the home.
- There was a wide range of information displayed within the home, which helped people to understand various processes and how to access different support services.
- Care records provided staff with clear guidance about how to meet people's communication needs effectively and people's rights were retained in their care files in relation to the accessible information standard.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Senior staff ensured person-centred care plans had been developed, which provided the care staff with clear guidance about the needs of people and how these needs were to be best met. This helped to support effective delivery of care.
- The records we saw showed people's preferences and interests had been taken into consideration when planning their care. These had been reviewed regularly and any changes in needs had been recorded well. This helped to ensure current information was available for the staff team.
- Staff we spoke with understood people's needs well and it was clear those who lived at the home were supported to make choices and to take control of their daily lives.

Improving care quality in response to complaints or concerns

- The provider had a policy about how people could make a complaint, should they wish to do so. This was prominently displayed within the home and incorporated clear guidance for any interested parties. People told us they would know how to make a complaint, if they needed to. One person said, "I would talk to [name] the manager" and another commented, "I would just speak to a carer, but it is unlikely I would have to complain."
- No complaints had been recorded since our last inspection. However, systems were in place for documenting and monitoring complaints, should any be received by the home.

End of life care and support

- The provider had policies which enabled the staff team to understand the importance of delivering compassionate end of life care to those requiring this sensitive support.
- There was good evidence to show support planning had been developed around people's individual end of life care needs and wishes. These incorporated clear decisions and showed discussions with loved ones had taken place.
- The home had achieved six steps accreditation for advanced care planning. This helped the staff team to develop an end of life care plan with those who lived at the home and their loved ones, as appropriate. One family member told us, "The staff have been marvellous, so supportive, I cannot thank them enough. They have been wonderful."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection the provider had failed to ensure effective systems were in place to assess and monitor the quality of service delivered. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented systems, which staff understood, so the quality of service provided was effectively assessed and monitored.
- Staff were seen undertaking their roles and duties in a person-centred way and with genuine kindness. Internal systems were in place to check on staff performance.
- The provider had implemented a business continuity plan, so the staff team were aware of action they needed to take in the event of an environmental emergency.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A registered manager was appointed. However, at the time of our inspection she was on leave. The deputy manager was on duty, who was helpful and very co-operative throughout the inspection process. She was open and honest, demonstrating good knowledge of the home and the needs of those who lived at the home. This helped to support the duty of candour.
- The staff team understood their individual roles and responsibilities.
- During the inspection information was provided promptly when requested.
- Person-centred care and support were promoted through processes adopted by the home. This helped to ensure effective outcomes for those who lived at the home.
- Everyone we spoke with provided us with very positive feedback about the managers and the staff team. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- The home promoted a positive culture which was person-centred and supported good outcomes for

people who lived at Alma Green. Extracts from thank you messages to the home read, 'We would like to thank you for your kind expression of sympathy at a time when it is most appreciated'; 'My relative spent many happy years at Alma Green enjoying the wonderful care from [named staff members] and the team'; 'Alma green is a true home from home and long may it continue' and 'Staff at Alma Green are highly professional, diligent and extremely caring.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service held regular meetings for those who lived at the home, their family and friends, staff members and the management team. This enabled any relevant information to be shared and encouraged open discussions on topics of interest.
- We asked people if they were aware of their care plans. One person said they did not know what their care plan was, but others told us they had been involved with their care plans. One person said, "I know about it [the care plan]. They [staff] review it with me, when I ask for something changing." Another commented. "They [staff] record all my details and they review it with me and we check it over. They know exactly what I want."
- We saw a range of thank you notes and the provider had obtained periodic feedback from interested parties by using surveys, so that people's views about the quality of service provided could be gathered and any issues addressed.

Continuous learning and improving care

- The provider representatives conducted very thorough regular inspection visits, which focussed on a wide range of audits. This ensured the quality of service provided was appropriately assessed and continually monitored. Action plans were developed following quality audits by the company representatives. There was clear evidence available to show items on the action plans were worked through in a timely manner.
- A suggestions and compliments procedure was in place, which was prominently displayed within the home. This encouraged people to make suggestions about possible improvements or current good practice procedures.
- The provider had ensured systems had been developed which supported staff to develop their skills and knowledge through induction and training programmes. Staff performance was regularly monitored through recorded observations and individual supervision. This demonstrated the service was continually striving to improve.
- A good range of updated policies, procedures and guidance were available for the staff team, which supported continuous learning and improving care.

Working in partnership with others

- The service demonstrated good partnership working had been established.
- Records showed various health and social care professionals had been involved in people's care and support as needed.
- The service had developed good working relationships with community professionals and many we had contact with provided very positive feedback about the service and the staff team.