Mrs L Mercer

Alpine Villa Residential Care Home

Inspection report

70 Lowbourne, Melksham
Wiltshire SN12 7ED
Tel: 01225706073
Website:

Date of inspection visit: 20 March 2015
Date of publication: 06/07/2015

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?	Requires Improvement

Overall summary

Alpine Villa is a residential care home providing personal care for up to 15 people, some of whom may have dementia or mental health need. At the time of our inspection there were eight people living at Alpine Villa. The service had a registered manager who was responsible for the overall operation of the home. The day to day running of the home was the responsibility of two deputy managers.

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 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

During a previous inspection in August 2014, we identified areas which presented a risk to people's safety, health

Summary of findings

and well-being. This was in relation to the standard of recording of people's care records, safety of the premises and facilities, safe storage of medicines and recording and infection control standards.

During this inspection we found the required improvements had been made, however, we found further improvements were required for how the service was led. The registered person had failed to submit a notification to the Care Quality Commission in respect of a previous safeguarding concern. A mandatory requirement for all providers is to return an information form called a provider information return (PIR). We requested that the registered person of Alpine Villa complete and submit a PIR. However, they failed to return this document to us. Staff personnel records were not kept securely locked away to ensure they remained confidential. Staff records were not organised and kept in a manner which demonstrated that the provider had adhered to their own recruitment policy and procedures.

People told us they felt safe living at Alpine Villa. We observed that people's dignity and privacy was fully respected and staff were kind and considerate when supporting people. People's wishes and preferences were taken into account when their care was planned. People were supported by staff to be involved in the planning and the delivery of their care. People received their medicines on time and staff followed safe practice around the administration, storage and disposal of medicines.

Staff worked closely with health and social care professionals for guidance and support around people's care needs. The care records demonstrated that people's care needs had been assessed and their emotional, health and social wellbeing had been considered. People's care needs were regularly reviewed to ensure they received appropriate care, particularly if their care needs had changed.

Training was available to ensure that staff had the necessary skills and knowledge to be able to support people appropriately. There were systems in place to ensure that staff received support through supervision and an annual appraisal to review their on-going development.

There were clear values about the quality of service people should receive and how care and support should be delivered. The management team carried out regular audits on the quality and safety of the service delivered to people.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The new Act came into force on 1 April 2015 and replaced the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. The service followed safe practice regarding the administration, storage and disposal of medicines.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

People told us they felt safe living in the home. We observed positive interactions between staff and people which indicated that people felt safe around staff.

Is the service effective?

Good

The service was effective. Staff supported people to express their views and wishes and to be involved in their care.

Staff received regular supervision and an annual appraisal which identified ongoing training needs and development.

People were supported to have enough to eat and drink and there was a choice of menu or alternatives if people wished. Snacks and drinks were available throughout the day.

Is the service caring?

Good

The service was caring. People's wishes and preferences were taken into account when their care was planned.

People told us that staff were caring and kind. Staff interactions with people demonstrated genuine affection. Care staff told us they cared about and valued the people they supported.

Staff knew people well and were aware of their preferences including the way their care should be delivered, their likes and dislikes.

Is the service responsive?

Good

The service was responsive. People received care and support which was specific to their wishes and responsive to their needs.

Care records identified how people wished their care and support to be given. People told us they were happy with their care.

Staff made appropriate referrals to health and social care professionals and followed guidance from professionals to ensure people received appropriate care.

Summary of findings

Is the service well-led?

The service was not always well led. The provider had failed to submit a statutory notification as required. A mandatory Provider Information Return form which was requested by the CQC was not completed and submitted.

Staff felt the management team were approachable and felt supported in their role.

The registered manager carried out audits to monitor the quality of the service provided and to promote best practice.

Requires Improvement

Alpine Villa Residential Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 20 March 2015 and was unannounced. The inspection was carried out by 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. The provider did not return the form as required.

We spoke with five of the eight people living at Alpine Villa. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to assist us to understand the experiences of the people who could not talk with us. We spent time observing people in the dining and communal areas.

During our inspection we spoke with the provider who is also the registered manager, two deputy manager's, a senior night matron and a senior care worker, two care workers, the activities co-ordinator, housekeeper and kitchen staff. Before our visit, we contacted people who visit the home to find out what they thought about this service. We contacted three health and social care professionals.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of four people. We looked at staff records relating to recruitment, supervision and appraisal. In addition, medicine administration records, information on notice boards and the visitor book, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Good

Is the service safe?

Our findings

During a previous inspection in August 2014 we had identified areas which presented a risk to people's safety. During this inspection we found these concerns had been rectified and the required improvements had been made. Cleaning materials were locked away, water temperatures were monitored and thermostatically set at a safe temperature and medicines were safely stored.

People told us they felt safe living at Alpine Villa. Comments from people included 'Staff know us well, are kind and know what they are doing'. 'Very kind girls. I like living here' and 'They are looking after me very well. I've been living here for a long time. Feel very safe and everyone is helpful.'

There were adequate staffing levels in place to support people who live at Alpine Villa. Staff were visible and available to people. Staff interacted with people and responded quickly if they requested support or needed attention. The deputy manager told us that as new people moved into the home they would review the staffing numbers based upon the needs of new residents

People living at Alpine Villa were safe because the service had arrangements in place to ensure people were protected from abuse and avoidable harm. The risk of abuse to people was minimised because the policies and procedures were followed by staff. Safeguarding records evidenced that the registered manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made. There was a low level of incidents or accidents occurring within the home and the records showed that following incidents or accidents, risk assessments were updated or put into place.

There was a safeguarding and whistleblowing policy and procedures which provided guidance to staff on the agencies to report concerns to. Staff had received training in safeguarding to protect people from abuse and training records confirmed this. Staff demonstrated they had a good understanding of safeguarding and how it related to protecting people within the home. A member of staff said, 'If I had a real safeguarding concern I would take it to the manager or the CQC if necessary.'

We looked at the recruitment procedure for the latest member of staff. This demonstrated that a Disclosure and Barring Service (DBS) check had been carried out and the provider had contacted the previous employer about the applicant's past performance and behaviour. (A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people). Many of the staff who worked at Alpine Villa had been employed there for a number of years and each held a DBS.

People using the service could be confident that their medicines were organised and administered in a safe, competent manner. People received their medicine on time and staff were knowledgeable about the type of medicines which people took and why they were prescribed.

Medicines were stored in a lockable cabinet and this was secured to a wall lock when not in use. A wall cabinet with an internal and external lock was in use for other prescribed drugs. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Senior staff had responsibility for administering and disposing of medicines and undertook training and competence checks to ensure they remained competent to deal with medicines.

The home smelt fresh and was clean throughout. The communal toilets and bathrooms were exceptionally clean and were all in good working order. Supplies of personal protective equipment such as gloves and aprons were readily available to staff when delivering personal care. Communal toilets and bathrooms had supplies of anti-bacterial hand wash and paper hand towels. The cleaning trolley which the housekeeper was using, had different coloured mops and buckets to ensure that cross contamination between high risk areas, such as toilets and lower risk areas was minimised.

People used a range of equipment such as wheelchairs and walking frames which staff checked for wear and tear to ensure they were safe to use. Staff were able to explain to us how they used the hoist to transfer people and we observed on two occasions that staff used safe manual handling techniques when they used the hoist.

Other equipment was used, such as an electric weighing chair scale. The chair scale and one of the hoists did not have a sticker on to confirm the equipment had been PAT

Good

Is the service safe?

tested (Portable Appliance Testing) which is an annual check to assess whether the equipment is safe to use. Records confirmed that the testing of all equipment was current and had been tested as safe to use. A member of staff told us that one of the stand hoist was no longer in use as they had purchased a new one. The deputy manager told us they would ensure that all equipment was correctly labelled.

The provider had risk assessments in place for the environment and facilities, such as ensuring that the water systems were regularly checked for legionella. [Legionella is a disease which is caused by bacteria in water systems]. Water temperatures were checked to ensure they remained at a safe level. In the shower room, an exposed pipe had been covered to reduce the risk of people burning themselves when the pipe was hot. Likewise, there was now a thermostatic control for the hot water to the hand basin. There was a weekly test of the fire systems and fire equipment was regularly maintained. Each person had a personal evacuation plan in place in the event that the building had to be evacuated.

Good

Is the service effective?

Our findings

During a previous inspection we found that staff had not regularly received supervision. During this inspection, we found that supervision now took place and the provider had set up a new system of supervision and appraisal which staff had been consulted about and were involved in. Staff told us they felt "very supported" by the deputy manager and the registered manager. Staff received regular supervision with their line manager and also attended team meetings. One care worker told us they had undergone supervision the day before our visit. They felt it was a productive meeting where they discussed working with other agencies and their own wellbeing. Another care worker told us "you can go to any of the manager's; they are always available to chat through things if you need to".

All but one member of staff had received their annual appraisal and documents evidenced this. Supervision and appraisals are processes which offer support, assurance and develop the knowledge, skills and values of an individual staff member, group or team. The purpose is to help staff to improve the quality of the work they do, to achieve agreed objectives and outcomes. The two deputy manager's and the night matron ensured that staff adhered to best practice through observation of the care delivered, discussion at team meetings and supervision and through working closely with other agencies.

Staff told us they had undergone a lot of training within the last six months and felt this had updated their skills and knowledge in relation to caring for the people who lived at Alpine Villa. There was a staff training matrix which covered mandatory and other specific training based around people's needs. All staff had undertaken refresher courses in the mandatory subjects such as manual handling, infection control and health and safety. Other training included dementia awareness, diabetes care, first aid, nutrition and hydration and prevention of pressure ulceration. In addition, training was provided in safeguarding including the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards is part of the Act.

The deputy manager explained they had worked closely with the local mental health team and were aware of their responsibilities in relation to the Mental Health Act. Records evidenced that due process had been followed and where required, people had undergone a mental capacity assessment. We saw that best interest meetings had been held where people lacked the capacity to make a specific decision. At the time of our inspection there was one DoL's in place. The staff we spoke with were knowledgeable about the MCA and DoL's and how it applied to people living at Alpine Villa. Care plans evidenced how staff could support people to make their own decisions.

We asked people for their opinion about the food they received. One person said "Fish and chips today, my favourite food. I like the meals, lots of variety and different sorts of food." Another person told us "yes really lovely and I enjoy being waited on". People told us they enjoyed their meals and said that sometimes the cook would make curries and other dishes which they enjoyed eating. A variety of meals were offered and provided a balanced nutritional diet. Menus were changed every four weeks and people told us they could ask for different things if they wished. Meals were prepared in-house, using fresh ingredients where possible. The cook was able to describe the different types of dietary needs which people could have, including those relating to medical conditions. However, at this time no one living at Alpine Villa required a specialised diet.

Drinks were made available throughout the day and staff encouraged people to drink. Hot drinks were offered at set intervals during the day and staff offered cold drinks regularly. Whilst some people did not have drinks to hand, staff explained that they needed support to drink and that they were likely to knock drinks over. We noted that staff provided regular drinks for these people. Snacks were offered and provided at any time during the day.

There were food and fluid charts in place for people if there was a risk of dehydration or malnutrition. The charts had been correctly completed. During our conversations with staff, they demonstrated a good understanding of the processes in place to ensure people received adequate

nutrition and hydration. Staff understood that good hydration was the key to preventing urinary tract infections and in maintaining good health. Documents evidenced that people were weighed on a monthly basis or more often if required to ensure they maintained a healthy body weight.

Eating was a social 'family' event with the majority of people eating around the dining table. One person preferred to eat in their room. Another person sat in their chair and was given support to eat the meal. We observed that they were appropriately supported. Food was offered in small quantities and the person was asked if they would like more after finishing each mouthful.

There was a choice of meal and each person was asked what they would like to eat (picture menu cards were available to support people to make choices at meal times if required). The food on offer on the day of our visit was battered cod, boiled fish or fish cakes. Alternatives could have been offered, but people had requested a variety of fish on this day (this was confirmed through mealtime conversations we had with people). Portions sizes were adequate and people told us they had enough to eat and drink.

People received support from health professionals when required. Each person had an allocated GP. Local community healthcare professionals visited the home, such as the GP, district nurse and chiropodist. People received dental and optical care either with the support of their family or through the home arranging a visit. The provider supported people to take up preventative health care such as breast and cervical screening and influenza inoculations.

People's care plans described the support they needed to manage their day to day health needs. These included personal care, skin management, preventing falls and medicines management. A care worker told us they were proactive in ensuring people did not develop pressure sores as staff were vigilant in monitoring people's skin when providing personal care. Any concerns were recorded and communicated to senior staff and the district nurse if required.

The premises had been adapted to include grab rails in some of the hallways which supported people to move around the home independently. Bathrooms also had grab rails. The lounge and conservatory were spacious and the walkways were clear and free of clutter. There were picture signs on the bathrooms, toilets and lounge to help people orientate themselves. Some rooms were bright and airy due to the colour scheme; however, there were some parts of the home which seemed enclosed due to the dark colour scheme, for example the doors which were dark brown. We discussed the use of light and contrasting colours with the deputy manager and how this could support people with dementia to retain and promote independence. They told us they were reviewing the décor within certain areas of the home and this was part of their action plan for future development.

Good

Is the service caring?

Our findings

There were many positive comments from people when we asked about the caring approach of staff. One person said "the care is very good here. They [staff] know how I like to be treated and they are all so good to me". Another person told us "staff are very kind and helpful here. They support me to dress".

Comments from visitors who had written in the signing in book included feedback from families as "very welcoming, the home is clean and tidy and lovely staff" and "it was lovely to see how caring and kind staff were". Visiting healthcare professionals had commented "excellent visit, staff seem kind and friendly" and "always get a very warm welcome from staff".

We observed that positive relationships had formed between people and staff. There were open signs of affection and terms of endearment being used appropriately. People appeared comfortable and relaxed in the presence of staff. Staff spoke with people in a warm and caring manner. It was clear from our observations and discussion with staff that they knew people well. Staff were able to talk to us about the person's life, such as their work history, cultural background and faith beliefs, hobbies and interests, likes and dislikes. People's care records reflected what staff had told us.

People looked healthy and well cared for. Each person wore freshly laundered clothes which were age appropriate. One care worker told us about the different taste people had in their clothing choice, how they liked their hair done and what make-up they liked to wear.

Care workers treated people with respect. People were made to feel valued because when they spoke, staff listened and replied appropriately. Staff asked permission from people before they carried out tasks, such as asking permission before moving the person in their wheelchair. Care staff ensured privacy by knocking on people's doors and waiting before entering. And, staff ensured that people received personal care in the privacy of their own room.

Within the care records, people's end of life care plans were at various stages of completion. The deputy manager told us they were speaking with people and their families about their wishes in relation this. Training records confirmed that staff had been booked in for 'end of life care' training with a local hospice.

Information was available to people and their families regarding health matters and advocacy services. The deputy manager told us they supported people to access advocacy services to enable them to voice their opinion and to help make their own decisions, such as in dealing with financial matters. Records evidenced that some people at Alpine Villa were being supported to use the services of an advocate. [Advocacy is a process of supporting and enabling people to express their views and concerns and access information and services through an impartial service which is independent of family or the service].

A range of information was available to people on the communal noticeboard. This included activities and events happening.

Good

Is the service responsive?

Our findings

During a previous inspection in August 2014 we had identified that the standard of recording within care records required improvement. Records were not always legible, care charts were either not fully completed or did not reflect people's changing needs. Some records gave conflicting information about the care required. During this inspection we found that the provider had addressed these shortfalls.

People who lived at Alpine Villa told us they knew how to make a complaint and were confident they would be listened to. There was a complaints policy on display in the foyer of the home and within the home's information booklet. The deputy manager told us they usually dealt with any concerns people had informally, before the situation escalated. People told us they were happy with the service they received.

A part time activity co-ordinator was in post and had great enthusiasm for her work, recognising that people benefitted from taking part in activities and having social interaction. A care worker told us "we never know what the activity co-ordinator is going to bring in next. The resident's love the surprises". During the day the activity co-ordinator involved people in a range of one to one activities. These included, hand massage, scraperboard art and puzzle games. Other people went out, chatted in the garden, read the newspapers or watched the television.

People told us they enjoyed going to the local garden centre, shopping, to church, a day centre run by the local church and visits to local places of interests. Although there were no relatives who visited the home on the day of our inspection, people told us that families were very welcome to visit at any time. Care records evidenced that people had been asked about their hobbies and interests and how they liked to spend their time. One person told us "I've got my moped around the corner and I like to ride it out when it's a nice day". Another person said "I make my own decisions. I go out to town on my own and I just let them know where I've gone".

We looked at the care records of four people. The deputy manager told us that all of the care plans and associated documents had been completely rewritten. The care plans were very detailed in how care should be delivered taking into account the individual preferences of people. The records were centred on the individual and looked at the person's wider needs, including: personal care, emotional needs, medical needs and cultural and spiritual needs.

The care records clearly identified how people wished their care and support to be given. Each person had a document called 'This is me' which detailed what was important to the person, what people liked and admired about them and how best to support them. Staff told us they felt the guidance in the care plans was detailed and enabled them to give timely and appropriate care. Where people were able to, they had signed their care plan to consent to the care being delivered. Families and important other people were also involved in this process when a review of care took place.

Risk assessments were in place for risks relating to; maintaining a safe environment for the person, mobility and manual handling, skin viability and how to prevent pressure ulceration, falls, dehydration and malnutrition. All care records were typed to ensure they were legible. Daily records were accurate and updated appropriately; which included continence management, bathing and applications of topical creams, food and fluid charts and weight monitoring. Body maps were used to indicate the area where pain relieving patches had been applied. Daily records described how the person was feeling that day and care records described how best to communicate with the person and how staff could recognise how the person was feeling.

Staff monitored the care people received and took appropriate and timely action to ensure people remained well and safe. People received the support and care as identified in their care plans.

Requires Improvement

Is the service well-led?

Our findings

As a mandatory requirement, we asked the provider to complete and return a PIR, Provider Information Return form. This tells us how the provider will assess and monitor the quality of services provided, the risks they have identified and how these are managed in the carrying on of their regulated activities. The report must say how the above is being done, and what the provider's plans are to improve their service. The provider failed to compete and return the PIR to us.

The registered manager did not submit statutory notifications to the Care Quality Commission as required. During our inspection we looked at safeguarding records and found that the provider had submitted a safeguarding referral to the local authority as required. When we asked the provider for an explanation as to why a notification had not been submitted to the CQC, their response was that they were not aware a notification was required. This demonstrated a lack of understanding from the provider around their legal requirement in the reporting of such incidents. We found the registered person had failed to submit a notification to the Care Quality Commission in respect of the safeguarding concern.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) (2) (b) good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we saw that staff personnel records were kept in the office located within the foyer of the home. These records were stored on a shelf and were accessible to anyone entering the office as they were not securely locked away. This meant that staff had access to the personal information relating to other staff. In addition, staff records were poorly organised and kept in a manner which demonstrated that the provider had not adhered to their own recruitment policy and procedures. When we looked at the staff records it was difficult to determine if due process had been followed when recruitment took place. For example, some staff records had documents missing, such as the interview process and outcome.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (d) (i) good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider/registered manager lived on the premises and was involved in the home on a daily basis. The deputy manager was responsible for the day to day management of the home. In addition, the provider had recruited another deputy manager which the provider stated gave them robust management cover.

The service had clear values about the quality of service people should receive and how this should be provided. Staff told us they valued the people they cared for and strived to provide a high quality of care. There were clear lines of accountability within the home. Staff told us they were looking forward to the future; they were enthusiastic and clear about their roles. Staff had positive comments to say about the way the home was managed and the support they received. There was an open door policy and staff felt the management were approachable if they had concerns or suggestions on improving the service.

The management team told us they monitored the quality of care people received through observation of staff practice and embedding best practice within staff supervision and team meetings. We reviewed a range of quality audits which included assessments of incidents, accidents, care records and recording, complaints, medicines, staff training and supervision. Checks were carried out on the internal and external maintenance of the home, equipment, legionella testing and general health and safety. The service had a vision of how they wanted the service to develop in the future. This included a refurbishment plan and a proposed change of registered manager due to retirement.

During the last nine months the registered person had made significant improvements to the running of the home and service delivery. The deputy manager told us they were now concentrating on embedding the new systems and processes to ensure that the quality of the service was maintained.

The management team had worked with many key organisations in improving and developing the service. This included the local authority safeguarding team, pharmacy service, environmental health and fire safety. In addition,

Requires Improvement

Is the service well-led?

the management team had been proactive in developing best practice by working with local initiatives such as Age Concern, MIND a mental health charity, Swan advocacy, the Alzheimer's Society and Dorothy House hospice. The deputy manager told us they participated in the Learning Exchange network and the National Care Association which gave them access to best practice guidance and a support network.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The provider had failed to complete and return to the Care Quality Commission a provider information return form.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had failed to submit a notification to the Care Quality Commission in respect of a safeguarding concern. The registered person had failed to ensure that staff personnel records were kept securely locked away to ensure they remained confidential. Staff records were not organised and kept in a manner which demonstrated that the provider had not adhered to their own recruitment policy and procedures.