

Alton Manor Limited

# Alton Manor Care Home - Portsmouth

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Alton Manor Care Home is a 'care home'. Alton Manor Care Home accommodates up to 34 people living with dementia and physical frailty in one building. At the time of our inspection 30 people were living at the home.

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

Quality assurance systems had not always been effective in identifying the concerns we found at this inspection.

The lack of robust infection control practices placed people at risk of being exposed to infections. This included known risks associated with the current Covid-19 pandemic.

Some risks to people's safety had not been effectively assessed, monitored or mitigated. The management of medicines was not always safe. No harm had come to people, but we were concerned about the increased risk of harm to people. The provider promptly addressed some of these concerns and had plans in place to address the remaining concerns.

People and relatives provided us with a mixed view about whether there was enough staff to effectively support people. We observed that people were supported in a timely way apart from at lunchtime. The provider told us they would monitor the deployment of staff to ensure people's needs were met at lunch time.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff felt well supported through training and supervision. Staff in the service worked well with each other and external professionals to ensure good health outcomes for people

We have recommended that the provider seeks reputable guidance to ensure the requirements of the Accessible Information Standard are consistently met. This was because staff did not always communicate with people in a way they could easily understand.

We mostly observed positive and kind interactions between staff and people, although on some occasions we saw that staff did not engage with people who lived with dementia in the most effective way. Relatives felt staff treated people with dignity and respect and we observed staff respecting people's right to privacy.

People and relatives told us they were happy overall with the service. Staff enjoyed working at Alton Manor and felt well supported by the registered manager.

The nominated individual, registered manager and director demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support. Further progress was still needed to fully embed and sustain these improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was requires improvement (published 01 April 2019). There were four breaches of regulation in relation to regulation 17 Good Governance, regulation 12 Safe Care and Treatment, regulation 11 Consent and regulation 20 Duty of Candour. We met with the provider and they completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alton Manor Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection enough improvement had not been made and the provider was still in breach of regulation 11, 12 and 17. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Safe, Effective, Caring and Well-led Key Questions which contain those requirements. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Caring and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alton Manor Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to consent, safe care and treatment and governance.

#### Follow up

We have imposed a condition on the providers registration which requires them to submit a monthly report to the Care Quality Commission on the actions being taken to ensure improvements are being made to quality and safety of the service.

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Alton Manor Care Home - Portsmouth

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection and an additional inspector spoke with staff. An Expert by Experience also supported with this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Alton Manor Care Home 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because of the Covid-19 pandemic. Inspection activity started on 9 December 2020 and ended on 21 December 2020. We visited Alton Manor Care Home on 15 and

18 December 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, senior care workers, head of shift, care workers, a cook, a housekeeper, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# 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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because risks associated with people's needs were not safely managed.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 12.

- At our last inspection, we found risk assessments regarding people's specific health conditions were not in place. At this inspection, we found this had not sufficiently improved. For some people who had a particular health condition, there was not an associated care plan or risk assessment in place which provided effective guidance for staff on how to support them and we found staff did not always have appropriate knowledge about the risks associated with these conditions.
- The provider had not identified which people were in the clinically extremely vulnerable group and at risk of developing serious health complications if they contracted Covid-19, and no risk assessments were in place.
- Some people were prescribed paraffin-based creams to alleviate skin conditions. These creams are flammable, but risks associated with this had not been assessed and no mitigation plans had been put in place. This increased the risk of harm to people.
- Some people were prescribed a medicine that thinned their blood. This can increase the risk of excessive bleeding. Risk assessments were not in place. We asked a staff member who supported people with their medicines about the risks associated with this medicine and they did not know.
- It was not always clear if people were at risk of constipation as the registered manager told us the electronic care planning system had put all the people in the home as 'at risk', even if the registered manager thought, they were not. Care plans lacked detail of how the risk of constipation should be monitored and mitigated and when we spoke with the registered and deputy manager, they did not demonstrate that a robust system was in place for managing this risk. Following the inspection, the director told us how one person who we had identified gaps in bowel records had been supported appropriately. However, we could not be assured that a robust system was in place to effectively assess, monitor and mitigate the risk of constipation for all people in the home.
- Where people required moving and handling equipment, risk assessments did not always detail person



specific information such as sling size, type or positioning to ensure staff were aware of how to use this equipment safely.

We found no evidence people had been harmed, however systems were either not in place or robust enough to demonstrate risks were effectively managed. The failure to effectively assess, monitor and mitigate risks was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, a director informed us of improvements that had already been made to ensure risks were managed in a safer way for people. They additionally told us of their plans to address the remaining issues regarding risk management. However, these improvements needed to be embedded and sustained to ensure risks were consistently managed in a safe way.
- Risk assessments were in place regarding areas such as the risk of falls, malnutrition and choking. Staff mostly demonstrated they had a good knowledge of these potential risks to people and how to mitigate them.
- The management of potential or actual head injury following a fall had improved since our last inspection and the provider had effective processes in place to ensure people were safely supported if an incident of this kind occurred.
- The service took appropriate action to reduce potential environmental risks such as fire and Legionella disease. Equipment, such as hoists and lifts were serviced and checked regularly.

#### Preventing and controlling infection

- The provider had not ensured national COVID-19 guidance was being followed in relation to personal protective equipment (PPE) and we found staff were not always wearing masks.
- We additionally observed occasions when staff were not socially distancing from people when they were not wearing their masks in line with guidance and staff were not doing all that was reasonably practical to socially distance from one another. This increased the risk of infection, including COVID-19 spreading.
- We discussed this with the registered manager, the nominated individual and director on the first day of our site visit. They acknowledged this practice needing improving and on the second day of our site visit, all staff were wearing masks.
- Other measures to reduce the spread of infection were not always taken. For example, a person's tissue that was used during a coughing episode was left on a table and not placed in a bin immediately, in line with government guidance. We were additionally not screened for symptoms of infection before being allowed to enter the home.
- Cleaning staff had cleaning schedules, which they were required to complete, however, they did not include the frequency of cleaning of high touch areas such as door handles and hand rails. The schedules demonstrated light switches were cleaned once a day. The director told us that high touch points were cleaned regularly, however we did not observe staff cleaning frequently touched areas during our site visit. Following our inspection, the provider had included high touch points on to their cleaning schedule.

The failure to effectively assess and control the spread of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was accessing testing for people using the service and staff.
- The provider ensured Government guidance was followed regarding admissions to the service during the pandemic and systems were in place to ensure this was done in a safe way.
- The home was clean overall.
- There were hand sanitising stations placed around the home and staff were seen to use these regularly. Staff also supported people to sanitise their hands.

## Using medicines safely

At our last inspection a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because medicines were not safely managed.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 12.

- At our last inspection, we identified concerns regarding medicine records. The guidance for staff to administer 'as required' (PRN) medicines in line with people's needs needed improvement. At this inspection, we found the registered manager had gone some way to improve these, but further detail was still required in some cases. For example, one person was prescribed a medicine for constipation, but the PRN protocol did not state how to recognise when the person was constipated, how this may be monitored, if any other methods should be tried first or what action to take if the medicine did not work. This could mean people may not receive PRN medicines in the most effective way. We discussed this with the registered manager who told us they would ensure the PRN protocols contained the appropriate detail.
- We identified some discrepancies between the number of tablets recorded as in stock on the Medication Administration Records (MAR) and the number of tablets counted. This meant we could not be assured people received their medicines as prescribed.
- The labels on numerous creams had worn away. It was not always possible to determine which cream was prescribed for which person. Additionally, opening dates were not always able to be seen. This meant people were at risk of being administered creams which were not theirs and were no longer in date. Once the expiration date has passed there is no guarantee that the medicine will be safe and effective.
- Medicines were not stored safely because the temperature of the medicine's rooms exceeded the manufacturers guidance for prescribed creams on some occasions. This meant these may be less effective and presented risks as they were flammable. Following the inspection, the provider told us they had ordered an air conditioning unit to ensure medicines were stored at the correct temperature.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe medicines management was effectively managed. The failure to ensure safe management of medicines was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A director told us of their plans to improve the safety of medicines management and addressed some concerns following the inspection. However, these improvements needed to be embedded to ensure the management of medicines were consistently managed in a safe way.
- Staff had received training in medicines and their competency had been assessed.

## Staffing and recruitment

- There were mixed views from people and relatives about staffing levels. Two out of the three people we spoke with felt Alton Manor was short of staff and one relative out of three we asked about staffing levels felt the same.
- However, staff told us there was enough staff and felt they could carry out their roles effectively.
- During our site visit, we observed there to be sufficient staff and people's needs being responded to in a timely manner, apart from during lunch time. This has been further reported on in the effective section of this report.
- The provider had a system in place which they considered to be effective in determining staffing levels, this considered the dependency needs of people.
- We discussed the feedback we had received about staffing levels and our observations throughout our site

visit and the nominated individual and director told us they would review the deployment of staff to ensure people's needs were met during the lunch time period.

- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

Systems and processes to safeguard people from the risk of abuse

- All relatives we spoke with felt their relative was safe living at Alton Manor. People also told us they felt safe apart from at night when other people walked around. The people we spoke with were concerned other people may enter their room. We spoke to the registered manager about this who told us this concern was historical, and measures had been put in place to ensure people felt safe in their rooms at night.
- There was a policy in place to guide staff in how to safeguard people from the risk of abuse and harm. Staff had undertaken safeguarding training and could discuss the types and signs of abuse and knew how to report allegations.
- Records of investigations into concerns were maintained and relevant agencies were informed as appropriate.

Learning lessons when things go wrong

- When something went wrong in the service the provider investigated and analysed these incidents. We saw records demonstrated learning had taken place and measures had been put in place to reduce the likelihood of such incidents reoccurring. Staff confirmed learning was shared with them in various ways such as in meetings or during handover.
- The provider ensured accidents were monitored and audited to identify trends and actions for improvement.

# 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 remained the same

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the principles of the MCA were not followed.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 11.

- At our last inspection, where there were doubts about people's decision-making capacity, mental capacity assessments were usually not in place to determine people's level of capacity to make specific decisions.
- At this inspection, although mental capacity assessments and best interest decision processes were in place for most decisions, there were no records of consent or mental capacity assessments for people being tested for Covid-19. This meant the principles of the MCA had not been followed.
- One person had food items brought in for them from their relatives. The registered manager told us these were withheld from them and given to the person in small quantities as staff were concerned it may negatively affect their health condition. However, the registered manager informed us the person had the mental capacity to make decisions about what diet they ate and had not consented to this practice. This meant the principles of the MCA were not being followed. The registered manager told us they would review

this practice to ensure the person could make their own decision about the food they ate.

The failure to follow the principles of the Mental Capacity Act was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, a director told us how they were adhering to the MCA and they had carried out mental capacity assessments regarding testing where appropriate. However, CQC judged that further progress was still needed to fully embed and sustain these improvements to provide assurance that the principles of the MCA would consistently be followed.
- Mental capacity assessments were in place for decisions such as the use of bed rails and staff taking control of people's medicines. Where it was deemed people did not have the mental capacity to make these decisions, best interest decision making processes were in place.
- People told us they were involved in decisions about their care and staff asked their consent before supporting them with personal care.
- Staff's knowledge about the MCA and DoLS had improved since the last inspection.
- Applications for DoLS had been submitted to the appropriate authorities by the registered manager, as required.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to enough food throughout the day and a balanced and nutritious diet was provided. People had a choice of meals, snacks and drinks and we saw these being offered to people during our site visit.
- Most people and their relatives were positive about the food. One person told us, "The food is good". However, three people told us that pasta featured too much on the menu. We observed that there were no menu's on display, the registered manager told us this was because they were in the process of being updated. A relative told us, "The menu has improved recently."
- We observed lunchtime on the first day of our site visit. For the people who were sitting in the dining room, it was a social occasion and people appeared to be enjoying themselves. However, for those who sat in the lounge, there was limited social interaction and staff did not appear to have enough time to spend with people who required additional support. We discussed this with the registered manager, nominated individual and director who assured us people chose where they wished to sit and would consider how to implement changes to enhance the mealtime experience for all.
- A professional provided us with positive feedback about how the home supported people who needed modified diets. They told us, "They [staff] implement my recommendations and I am usually able to discharge clients once a plan is established as they implement my requests."
- People's risk of malnutrition was assessed, and their weight was monitored. People were offered nutritional supplements where needed and this targeted support had resulted in positive outcomes for people.

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

- At our last inspection we identified improvement was needed with the environment to ensure it met the needs of people who lived with dementia. At this inspection we saw progress was being made. For example, murals and some signage had been put in place to help people orientate themselves around the building and the provider had started to personalise people's bedroom doors. The registered manager was aware more was needed to ensure the home fully met the needs for people living with dementia and had plans in place to do so.
- We received mixed feedback about the environment at Alton Manor. For example, a relative told us, "The garden is accessible, and the signage is good." However, a professional said, "By and large, the service at Alton Manor is okay but very much limited by the building which as you will have seen has limitations as a

Care Home."

- The layout of the building presented some challenges. For example, the size of the main lounge meant chairs were in two rows as well as around the outside of the lounge. This detracted from the idea of it being a lounge and limited social interaction between people. The provider had plans in place to continue to improve the décor, layout and design of some areas of the home.
- The registered manager had begun to involve people in updating their bedrooms and some people had chosen a colour scheme and items to help them feel more homely.
- The garden was accessible to people. One relative told us, "[Person's name] enjoys the garden in the summer, she moved rooms so has now got one with a door that opens onto garden."
- Due to the pandemic, adaptations had been made to how people received visitors. People had been supported to use phones and video calls when there were restrictions on visits to care homes during lockdown. The provider had created a visitor's room in the garden which enabled people to meet their relatives in a comfortable, warm and safe environment. A relative told us of a recent visit which had taken place in the visitor's room and described it as "Great".

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

- As detailed in the safe section of this report, the provider was not following current guidance in relation to infection prevention and control. However, other nationally recognised guidance was followed to support people to receive effective care. For example, a tool to assess if people were at risk of malnutrition or developing pressure injuries was utilised.
- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person. A professional had recently been involved in the assessment process for one person and told us, "[Registered manager] reassured me that she would be able to meet [Person's name] needs and plan for when her needs increased."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments and people, relatives and staff felt people were treated fairly.
- Staff completed training in equality and diversity and the registered manager assured us discrimination of any kind would not be tolerated.
- Staff made appropriate use of technology to support people. An electronic call bell system enabled people to call for assistance when needed. Pressure relieving equipment and falls prevention technology was used safely and in accordance with people's needs. A new telemedicine's system had been implemented to support communication between the home and healthcare professionals. The provider had also invested in an electronic care system. The aim of this was improve care records.

Staff support: induction, training, skills and experience

- Staff told us they had received enough training to carry out their roles effectively. They also felt well supported to develop and progress and were being supported to complete a nationally recognised qualification where they wanted to.
- Most people thought staff were well trained and were knowledgeable about their needs. For example, one person told us, "They understand my needs."
- An induction programme was provided to staff when they first commenced employment to ensure staff had an understanding of what was required within their roles. Staff who had not worked in care previously also completed the care certificate to ensure they had the correct skills to carry out their role.
- Staff told us they were well supported by the registered manager and they received supervision as part of their ongoing development which they found useful.

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

- People were referred to other health and social care professionals as needed. Outcomes of referrals were recorded and used to inform people's ongoing care and treatment. For example, one person had been assessed by a speech and language therapist (SaLT) who had recommended a person followed a particular diet. We saw this guidance was being adhered to.
- When people were admitted to hospital, staff provided information about them to the medical team, to help ensure the person's needs were known and understood.
- Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these.

# 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 requires improvement. At this inspection this key question has remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- At our last inspection, we recommended that the provider adhered to the Accessible Information Standard (AIS) to ensure information was made available in a format that people understood. The AIS 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. Care plans regarding people's communication needs and how they needed information presented had improved since the last inspection. However, we were not assured this was consistently put in to practice.
- For example, some people found it difficult to hear what staff were saying to them and we did not observe any other methods of communication being used. One person who was hard of hearing was unable to understand what meal they had been given. Due to their concerns about what the meal contained, they did not eat all of it.

We recommend the provider seeks reputable guidance to ensure the requirements of the AIS are consistently met.

- As detailed in the Effective section of the report, people were not always appropriately supported to consent to all aspects of their care.
- Despite this, people told us they were involved in day-to-day decisions that affected their care and our observations mostly confirmed this. For example, people were asked what drinks they would like or whether they wished to take part in an activity.
- Staff told us how they offered people day to day choices. For example, one staff member said, "I always give the resident's choices, I would ask what outfits they wanted to wear or show them, you should always let them pick something like that, even choice of perfume or hair done a different way."

Ensuring people are well treated and supported; respecting equality and diversity

- We mostly observed positive and kind interactions between staff and people, although on some occasions we saw that staff did not engage with people who lived with dementia in the most effective way. For example, one person who was walking around was frequently told to "sit down," the person went to go in to the kitchen and was told "Not in the kitchen, you know you're not allowed in there." Another person was told to stop banging their cutlery. This demonstrated staff were not always understanding of people's needs. We discussed this with the nominated individual, director and registered manager. They told us they would enhance the monitoring of staff's interactions with people to ensure people were responded to effectively.



- We asked relatives their views of how people were supported. Comments included, "[Person's name] gets on well with staff, they love her, and she loves them", "Staff are caring, approachable and cheerful but sometimes a bit stressed," and "Staff are quite nice, kind, good with [Person's name] but they come and go."
- Staff completed training in equality and diversity and demonstrated an understanding of people's diverse needs. For example, one member of staff said, "Before COVID, our local church came in, they sang hymns and said prayers, they [people] absolutely loved that. Most [people] here are Christian and one a Catholic. If someone had a different cultural need, we would look in to and sort it."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect. One relative said, "[Person's name] says staff respect her." People could choose the gender of the staff member who supported them with personal care, and this was respected.
- When people required assistance with their personal care needs, staff supported them in a discreet and sensitive way. People's privacy was protected while personal care was being delivered. Staff described the practical steps they took to help ensure people's dignity was upheld, including using privacy screens when supporting people in shared rooms.
- Independence was respected and encouraged. People were observed mobilising independently around the building using their mobility aids. We observed one person who required support to stand up. The staff members were respectful in their interactions and encouraged them in a patient way.

# 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 remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the governance of the service was not effective. At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 17.

- Following the last inspection, conditions were imposed on the provider's registration of the service and the requirements of this were fulfilled. This demonstrated that improvements had been made in relation to the conditions. However, at this inspection we identified that other areas of meeting regulation fell short.
- Prior to Coronavirus the provider had strengthened their quality assurance processes, which included enhanced regular overview audits by a representative of the provider and an external consultant, however these checks were ceased during lock down. A director felt this went some way to explain the concerns we identified during our inspection. The quality assurance systems in place during the pandemic included audits by the registered manager and remote checks by the director and nominated individual. However, these systems had not always been effective in identifying the concerns we found at this inspection such as risk management, meeting the requirements of the MCA and ensuring the safe management of medicines.
- Additionally, the provider had not ensured Government guidance in relation to infection control was being followed. More information about this can be found in the safe and effective sections of this report.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager, nominated individual and director were responsive to our feedback and either acted promptly to make improvements or told us of their plans about some of the changes they were going to implement following the inspection. Further progress and time was still needed to fully embed and sustain these improvements.
- At our last inspection, care plans were not always accurate and detailed to ensure people received person centered support. Since then, the provider had invested in an electronic care plan system. This had brought about improvement, although further work was still needed to ensure all areas of care plans were

sufficiently detailed and personalised. For example, with people's moving and handling plans and health conditions. The registered manager acknowledged this was a work in progress and had plans in place to continue with this work.

- The registered manager demonstrated commitment to the service and was working hard to make improvements at Alton Manor Care Home. They told us a lot of their time had been taken up with implementing the new care plans and now the majority of this was done, they would be able to move forwards with other areas that needed improvement.
- The registered manager told us they were well supported by the provider. There were also plans in place to upskill other senior members of the team to enable the registered manager the time to lead the team effectively and ensure compliance in all areas of the service.
- The provider was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.
- Providers are required to display their CQC rating at their premises and on their website if they have one and we saw this was prominently displayed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements were needed to ensure people consistently received empowering, high-quality care and good outcomes. These have been reported in the safe, effective and caring domains of the report.
- Despite this, most people and relatives told us they were happy with the service. For example, one person told us, "It will be a long time before you beat this place," and a relative told us, "Everything is very satisfactory, I would recommend it [Alton Manor], I wouldn't like [Person's name] moved, there's plenty of kind staff."
- Staff said they enjoyed working at Alton Manor. For example, one staff member told us, "I generally love working here. I couldn't imagine working anywhere else. It is really rewarding when you put a smile on someone's face."
- Staff told us they felt supported by the registered manager who was approachable and visible throughout the service. Staff additionally told us the nominated individual and director were, "Very good."
- A director told us they had been through a difficult time since the last inspection due to changes in the management team and with COVID-19. They felt this had contributed to some of the issues identified during the inspection. However, they felt the home was becoming more stable again and there was a good culture in the service. Staff told us team work had improved and were complimentary of each other.
- People were supported to stay in contact with their family during the pandemic via socially-distanced visits, video and phone calls. Most relatives told us staff contacted them to keep them up to date with what had been happening and any changes made at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider had provided people and those acting on their behalf with a survey to complete to gain their views about Alton Manor. From the records we reviewed, we saw it was predominantly positive. Where people indicated improvement was needed, plans were in place to address this.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to. They told us they could voice their views during staff meetings, supervisions and any time in between.
- The registered manager had been in post for approximately a year, during most of this time, restrictions were in place due to the current pandemic. The registered manager told us of their plans to enhance partnership working with others once these restrictions had lifted.
- The service worked closely with other health and social care professionals to ensure people received effective, joined up care.

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

At our last inspection a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the provider had not acted in an open and transparent way when people came to harm.

At this inspection, improvement had been made and the provider was no longer in breach of this regulation.

- The provider demonstrated a candid, open and transparent approach. They had informed CQC and other external health and social care professionals, when care had not gone according to plan.
- Records demonstrated that the provider was open and honest with people and their relatives when an incident had occurred. They had been provided with information about the incident, support and an apology as set out in this regulation. Relatives also told us that they were kept informed of any changes in people's needs or care.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The failure to follow the principles of the Mental Capacity Act 2005.

**The enforcement action we took:**

We imposed a condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to effectively assess, monitor and mitigate risks. The failure to safely manage medicines. The failure to ensure safe infection prevention and control processes.

**The enforcement action we took:**

We imposed a condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service.

**The enforcement action we took:**

We imposed a condition.