Alverant Limited

Cartref Residential Care Home t/a Alverant Limited

Inspection report

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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

Overall summary

This unannounced inspection took place on 30 July and 11 August 2015.

Cartref was last inspected in October 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Cartref is a care home which provides personal care and support for up to 24 people including those individuals living with a dementia including Alzheimer's disease. The home is situated in Farnworth village in Widnes, close to the local shops. There is a bus stop outside the home and a car park is available at the front of the building. Accommodation consists of 24 single rooms, five bathrooms plus addition toilets, two lounges, a quiet area and a dining room. There are no en-suite facilities. There is a garden with patio area to the rear of the premises and a courtyard area to the side. There were 22 people living in the home at the time of our visit.

Summary of findings

The home had a manager in post who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The relationships we saw were caring, respectful and dignified and the atmosphere was one of calm and comfort. Everyone in the service looked relaxed and comfortable with each other and with all of the staff.

People we spoke with and their relatives felt that they and their loved ones were looked after by staff who were caring and had training so that they knew what they were doing. One relative told us, "Good staff who know what they are doing. Kind people who interact well with all the people who live here".

People were well supported by experienced well trained staff. All staff spoken with said they had received good training to help them to understand and care for people who lived at Cartref.

The provider had effective procedures for ensuring that any concerns about people's safety were appropriately reported.

We asked people about the food that was on offer at Cartref and were told "The food is very good," "We get plenty of good food and can have as many helpings as you want". The dining room was well presented. It was bright and airy with tables set with table cloths, napkins and condiments on each table.

Staff members developed good relationships with people living at the home and care plans clearly identified people's needs, which ensured people received the care they wanted in the way they preferred.

Activities on offer reflected the hobbies and interests of people prior to them living at Cartref and were arranged to suit the wishes of the people living there.

People, relatives and staff felt that the home was well managed. People told us that staff members and the registered manager worked with each other, visitors and people living at the home to ensure it was run in the way people wanted.

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?
The service was safe.

People were supported by enough staff to meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely stored and administered to people as and when required.

Good

Is the service effective?
The service was effective.

Staff members received enough training to do the job required.

The manager had acted on recent updated guidance of the Deprivation of Liberty Safeguards and staff had access to mental capacity assessments or best interests decisions for people who could not make decisions for themselves.

The home worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Good

Is the service caring?
The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed.

People were given the opportunity to complain and these were investigated and responded to.

Good

Is the service well-led?
The service was well led.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been identified and addressed these issues.

Good

Summary of findings

Staff members and the registered manager worked with each other, visitors and people living at the home to ensure it was run in the way people wanted.

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Detailed findings

Background to this inspection

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

We carried out this inspection on 30 July and 11 August 2015 and it was unannounced.

The inspection was carried out by one adult social care inspector.

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. We obtained information from the local authority contracts and commission team, health watch and district nursing staff. We also checked the information that we held about the service and the service provider. For example, notifications, which the provider is legally required to tell us about, advised us of any deaths, significant incidents and changes or events which had taken place within the service.

During our inspection we spoke with nine people who used the service and three visitors. We also spoke with five staff members, a cook, the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We completed general observations and reviewed records. These included five people's care records, staff training records, 12 medication records and records relating to audit and quality monitoring processes.

Good

Is the service safe?

Our findings

People told us that they felt safe within the home and that staff were on duty 'at all times'. People said that staff were always very busy and that sometimes they seemed to be rushed but they made sure people were 'properly looked after'. One person's relative told us; "The staff are excellent when people become confused and upset and angry. They know just how to calm and support them".

Our observations during the inspection identified that there were enough staff on duty to meet the needs of the people living in the home. We saw that staff responded to people in a timely manner and were able to answer call bells quickly. There were mixed opinions from people living in the home and their relatives as to whether there was enough staff. People told us that they sometimes had to wait a little while for help but said that in general staff responded fairly quickly. Relatives told us that staff were marvellous but 'they are always very busy and could do with extra help'.

We saw the staff rota which detailed how many staff were needed to provide care. We checked the rotas for the home and saw that there was one senior carer and two care staff on duty between 8.00am and 9.00pm and two carers between 9.00pm and 8.00am. This pattern of staffing was consistent throughout the week. The registered manager told us that the home used a recognised tool to assess dependency levels of people living at the home. They also stated that they walked around the home to monitor the dependency levels/interactions throughout the day. At the time of our visit the dependency levels were low. There were no people who needed help with eating and only two people who needed the assistance of two staff to transfer.

The staff we spoke with told us that they worked some extra hours as the home did not use agency staff. They said that they would rather work some extra hours to ensure the people who lived in the home were safe. Staff said they were always very busy but were able to meet people's needs.

The registered manager told us that new staff members were being recruited to increase existing staffing levels. However we were told that it had been difficult to recruit suitable staff and as a consequence the staffing levels were still a little low. The registered manager told us that the recruitment drive was ongoing.

The three staff files viewed showed that the required checks had been obtained by the provider before people started work at the home, to make sure that the staff were of good character and safe to work with people. We saw that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all three files we found that there were job descriptions; application forms detailed employment history; references, medical questionnaires and proofs of identity including photographs and criminal record checks so that they could minimise the risk of employing people who were not safe to work with people living at the home.

Staff told us that they completed two days of induction which included theory training and shadowed a senior staff member until they felt comfortable to provide care for people on their own. Records showed that the registered manager and provider had recently undertaken robust interviews with two applicants who wished to become carers and had completed all the relevant checks. They were awaiting some verification of information before a job offer would be made. This showed that rigorous systems were in place to ensure that staff were suitable to provide safe care to the people who lived in the home.

People told us that they felt safe living at the home and would know who to contact if they were worried.

Staff told us that they had clear understanding of safeguarding and of how to protect vulnerable people. Staff members we spoke with understood what abuse was and how they should report any concerns that they had. There was a clear reporting structure with the registered manager responsible for safeguarding referrals, which staff members were aware of. They told us that they would also report concerns immediately to the local authority safeguarding team if needed and had these contact details available in the staff room. Staff members had received training in safeguarding people and records we examined confirmed this.

The provider had reported safeguarding incidents to the relevant authorities including the Care Quality Commission as is required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

We saw during our visit that some people who lived in the home displayed behaviour that might upset others such as

Good

Is the service safe?

shouting and invading people's space. Staff members were able to describe the circumstances that may trigger this behaviour and what steps they would take to keep other people within the service safe, such as distraction techniques.

We looked at the care plans for three people regarding behaviour management and saw that the information staff members had described matched what was written in their care plans. This meant that any staff members who were not familiar with a person's behavioural patterns would have information to help them deal with any incidents and enable them to support the person appropriately.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; malnutrition, behaviour, medicine management, moving and handling and evacuation from the building in the event of an emergency. Each assessment had clear guidelines for staff to follow to ensure that people remained safe. We were given information prior to our visit that bedrail and mattress risk assessments were in place, however there were no guidelines in place for staff to follow to ensure bedrails and mattresses were fitted properly. We noted that the registered manager had addressed that issue and guidelines were in place for staff to follow in respect of the use of bedrails. Staff told us that these guidelines gave them reassurance that they were safely managing risk.

Our conversations with staff demonstrated that they were aware of the risk assessments and the guidance had been followed. We observed one person being assisted to access a walking frame and noted that the procedure was carried out safely as described in the person's assessment.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as for fire safety, were regularly checked and we read records to support that this was completed. They told us that they had received training for specific equipment, such as the hoists used at the home, to ensure they would be able to keep people safe when moving them.

We found that the arrangements for the management of medicines were safe. People told us that they received their medicines at the same time each day and staff never forgot to give it to them. Medicines were stored safely and securely in a locked trolley and a locked storage cupboard. The temperature that medicines were stored at was recorded to ensure it was an acceptable level to keep medicines fit for use. Arrangements were in place for when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' or limited or reducing dose basis, we found detailed guidance for staff on the circumstances these medicines were to be used. Staff told us they had received training in medication management in line with current guidance so that they could be assured that people would be given their medicines in a safe way to meet their needs.

Whilst we saw that the environment at Cartref was clean, fresh smelling and safe without restricting people's ability to move around freely we noted that care staff on duty were also responsible for the cleaning and laundry duties within the home. We observed care staff dusting, hovering and cleaning bathrooms and toilets during our visit. Staff told us that although they were fully aware of the use of different aprons and gloves to be used whilst cleaning the premises this extra duty gave them even less time to spend with the people who lived in the home. A visiting relative also commented on the lack of domestic assistance and said that "care staff should not be expected to clean as well as care". This was discussed with the registered manager and providers at the time of the visit and it was agreed that an extra care staff member would be provided with a specific role of domestic on the daily rota. This will ensure that any issues relating to infection control can be managed and care staff can fully focus on their caring role.

Good

Is the service effective?

Our findings

People told us that they were given nice food and that staff were kind and helpful. Comments included; "The food is good, sometimes I eat too much as they ask me if I want more. Because it is so nice I say yes" and "These girls [staff] are lovely, look at them they know my every need".

The staff we spoke with told us that they had received enough training to enable them to meet the needs of the people who lived in the home. One staff member told us that they had received lots of training and felt it benefited both the staff and the people they cared for. Another staff member said that the training was good. They told us "The training is good and ongoing. We can ask for more training if we feel we need it. We have really benefited from dementia training, I found it most helpful".

We observed a number of staff members in their work and found that they were constantly tactful, patient and effective in reducing people's anxiety, addressing behaviour that may upset others and in delivering care.

Staff told us that they were supported to undertake national qualifications in care. We checked the training records and saw that all care staff had received training in a variety of different subjects including: infection control, manual handling, safeguarding, first aid, medication, health and safety, mental health and communication skills. All staff had achieved National Vocational Qualifications (NVQ) level 2 or above.

We received information from a local authority before this inspection regarding concerns that not all staff members were receiving timely quarterly supervision as some sessions were overdue. During this inspection we found that the registered manager and senior carers had completed all staff supervisions and all staff supervisions were now up to date. Staff told us that they had supervision meetings with their line manager or a more senior staff member in which they could raise any issues they had and where their performance was discussed. They also told us that these meetings were helpful and supportive. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

Staff told us that team meetings were held regularly and that they felt listened to and included in discussions about any changes to the way care was provided. We saw minutes of staff meetings, the last one held in June 2015 and senior care staff meetings, the last one held in March 2015.

The registered manager provided us with an explanation of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions for as long as possible. The quality of responses we received from staff members was good, with staff being clear about what the MCA meant. Staff members told us that they had received training in this area. We saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent. One person told us that staff members always asked their consent before helping them or when administering their medication.

We saw that care records for some people noted that they lacked capacity in some areas, such as managing their own medication. Mental capacity assessments had been completed to determine which decisions people were not able to make for themselves. Best interest decisions had been completed which held sufficient information to show the least restrictive course of action and who should make particular decisions on behalf of the person. There was sufficient guidance for staff if people continually declined help and support and what they should do in people's best interests.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We discussed the requirements of the Mental Capacity Act and the associated DoLS, with the registered manager and she was fully aware of them and had received training to ensure she was fully up to date with all requirements.

We spoke with staff and asked them to describe their understanding of the MCA and DoLS and how this related to the people living in the home. From our conversations it was clear that staff had an understanding of the processes in place regarding DoLS. All staff had received training with regard to MCA and DoLS.

Good

Is the service effective?

At the time of our visit one person was subject to an authorised DoLS and the provider was complying with the conditions. The registered manager was aware of changes following recent clarification of the DoLS legislation and had completed applications for those people most at risk.

We joined people in the dining room for lunch and noted that they were provided with a choice of nutritious food served to them from a hot food trolley. People were able to tell staff how much or how little food they wanted and staff were seen to be fully listening to people's choices and adhering to their requests. We saw that people 'ate all before them' and appeared to thoroughly enjoy their meals. We saw that where necessary staff prompted people to eat and drink and went around the dining room with 'second helpings' and asked if people wanted more.

Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. Some people had been provided with a more specialist diet such as a puree diet as a result of this advice. Records showed that the amount of food and drink being consumed was being recorded to ensure people received as much food as they needed to maintain or increase their weight.

We noted that staff adapted their support to each person and enabled them to eat at their own pace and move around or remain wherever they wanted to eat. We saw that one person initially refused food; however staff demonstrated that they understood this person's actions and provided a plate of food just in reach of the person to enable them to eat the food without fuss. We noted that this person wished to use their fingers to eat. The care plan contained full information about the person's choices in all aspects of daily life to include none use of cutlery. We noted there was information within all people's care records about their individual dietary needs. Staff told us that the home used red plates at meal times as this colour was said to encourage people who were living with dementia to eat more food and improve their appetite. We noted that the dining experience was enhanced by the use of table cloths, napkins and a full set of condiments on each table. Pleasant background music also added to the ambience.

Care records also held details of people's individual health needs and what staff needed to do to support people to maintain good health. We saw that people had access to specialist healthcare when they needed to. Records showed that district nurses, opticians, dieticians, speech and language therapists, dentists and chiropodists were regular visitors to the home. People told us that they retained their own GP wherever possible if they had previously lived within the Halton community.

The home had signage around the building to assist people with their orientation. Other examples included the décor and lay out of the home being easy to navigate.

Good

Is the service caring?

Our findings

The people we spoke with told us that they were happy with the staff and the care they received from them. Comments included; "The staff are lovely", "The girls (staff) are my friends, they are good to me" and "It's my home and it's great". Relatives of people living in the home told us that the staff were caring and helpful. Comments included; "They are good caring people who know what they are doing. They always give me feedback on need to know information" and "The staff always make a fuss of people especially when it is their birthday, they really do care about everyone".

During our inspection we heard and observed lots of laughter and people looked happy and contented. People looked well cared for and were relaxed with the staff who were supporting them. Staff engaged in meaningful conversations with people and we saw that everyone was treated as an individual. Staff told us that they were happy working in the home and loved the people they looked after. Comments included "I love this home as we treat each person as they want to be treated. Some people cannot tell you how they feel but just a smile from them tells me all I need to know".

We saw staff interacting with people, singing a song with them as they passed by and giving people reassurance that all was well. One visitor described the home as a very happy relaxed place to be and that all the staff were caring and respectful. We saw that staff made good eye contact with the person they were speaking with and where necessary they crouched down to speak with people at their level so as not to intimidate them. We observed staff communicating with people in whatever way people understood. For example gestures and non-verbal communication. Staff understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so they were able to quickly respond. One staff member told us "We can pull each-others leg or engage in any banter with the people who live here, they know they are loved and respected".

We observed staff respecting people's dignity and privacy. Staff were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled together and doors were closed when providing personal care and they knocked on people's doors and on toilet and bathroom doors before entering.

Staff told us they got to know information in relation to people's individual life history, likes, dislikes and preferences from discussions and from reading the "This is me" documentation in people's care file. Staff were able to demonstrate a good knowledge of people's preferences. For example, we saw that it was documented that one person liked to wear pyjamas at all times and we noted that this occurred. Another person found it difficult to accept help from staff and we noted how staff gave background assistance whilst enabling the person to carry out as much of the activities of daily life themselves.

Staff involved people in their care. We observed staff asking people what they wanted to do during the day such as "do you want to go to your room" or "where would you like to go now". People were given choices about what they wanted to eat and drink and where to spend their time. We saw that people looked well cared for and it was apparent that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth.

We saw in care plans that people's wishes for end of life were recorded. For example, some people had a do not attempt resuscitation (DNAR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned, their doctor and their family were involved in this decision.

The registered manager told us that staff had been trained in the end of life care and had recently commenced the "Six Steps to Success" training to support people with care at the end of their lives. The aim is to ensure all people who live in the home receive high quality end of life care provided by a care home that encompasses the philosophy of palliative care. It enables care home staff to deliver the best end of life care.

We found information and advice in the entrance of the home about other regulators and organisations that monitor health and social care services, such as Health Watch Halton, environmental health and contact details for various advocacy groups. This ensured that people living there and their visitors had access to independent advisors should they wish to contact them.

Good

Is the service responsive?

Our findings

People told us that staff members took care of them well and that they received the care and support they needed. Comments included "The girls [staff] look after me and when I need help they give it to me" and "I get the care I need, sometimes I need quite a lot of help and I get it". Relatives of people living in the home made very positive comments about the services provided. Comments included "I am more than happy with the way they look after people. Staff are always aware of people's changing needs and change the care provision accordingly" and "They [staff] do all they can to make people feel at home. They are aware of how dementia affects people and show deep understanding, not only to the people they look after but to the families as well".

People told us that they were usually occupied during the day doing the things they liked doing. One person told us that they liked to sing and the staff sang along with them. Staff told us that they arranged daily activities which were advertised on the notice board in the foyer. These included bingo, exercise and singalongs. Staff told us that they made everything an activity "We know people's moods and we do things to make them happy, just a touch makes all the difference". We saw that one person liked to hold a doll and another liked to walk around the premises making sure everything was tidy. Staff were supportive to ensure that people could do as they wished wherever possible. A staff member told us that although an activities programme was available, activities were flexible, depending on how people were feeling and what they wanted to do.

The three care plans looked at showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the care and support they required, Care plans were in place to give staff guidance on how to provide people with the support they required. Care plans held details of people's individual needs and gave staff clear information on how they could provide support. This included personal care, medicines management, communication, nutrition and mobility. There was information that detailed what was important to the person, their daily routine and what activities they enjoyed. Staff members told us that care plans were a good resource in terms of giving enough information to help provide care.

We observed that staff were responsive to people's needs. They provided people with drinks when they indicated that they were thirsty, food when it was requested and provided personal care in a timely manner. We saw that people received personal care when this was needed and that if help with this was initially declined, that assistance continued to be offered by different staff and at intervals to ensure the person had the opportunity to change their mind.

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people regularly saw friends and relatives. One relative told us that they visited very often to keep their relative company and were always welcomed by staff. People living in the home and the relatives we spoke with told us the manager and staff were approachable, listened to their concerns and tried to resolve them. They told us that they had no complaints and knew who to speak with if they had.

Staff members told us that information was available for people if they wanted to make a complaint. They felt that people who lived in the home and their visitors knew how to raise concerns and complaints and that they would either speak with a staff member or the manager. One staff member provided an example of how a visitor's concerns had been dealt with and the actions that had been taken to resolve this. Another staff member told us that complaints were immediately dealt with and the issue was discussed during staff handover so that it did not happen again.

A copy of the home's complaints procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. The service had received one official complaint within the past 12 months. We saw that actions had been taken to resolve this complaint within the timescale indicated in the complaints procedure. We noted that the home had also received 12 written compliments about the staff and services provided at Cartref.

Good

Is the service well-led?

Our findings

People told us the home was a nice place to live in. They said the manager and staff were kind and always included them in any decision making. We asked for examples of this and were told that people were asked about choices of decoration, of activities, menus and the general running of the home. People, relatives and staff felt that the home was well managed. People told us that staff members and the registered manager worked with each other, visitors and people living at the home to ensure it was run in the way people wanted.

Staff told us that: "The manager is approachable. She will listen to what I say. I'm perfectly happy here"; "The manager is a good leader. You can go and talk to her. If she's very busy she'll do her best to make time for me" and "She [the registered manager] is passionate about providing good quality care for the people who live here. The philosophy of the home is to practice core dementia values of making people feel secure and give them a sense of belonging. That is what we do here".

The service had up to date information and guidance about best practice from sources such as Action on Elder Abuse, Alzheimer's Society, Bradford University (Dementia Mapping) and Dignity in Care. We saw that the service took guidance on board and was a topic discussed at staff meetings. One example of this was the use of red crockery in the dining room. Staff told us that this colour had been identified as having a positive effect upon people's dining experience.

Staff told us that they were kept informed about matters that affected the service through supervisions, team meetings and daily updates from the registered manager. They said that other information was shared via daily handover meetings.

The registered manager completed audits that fed into the organisations quality monitoring report. For example we found that people's care records were regularly audited to ensure they had been competed correctly and contained accurate up to date information about people's needs.

The provider had established a reporting system for accidents and incidents that compiled the information, looking at common themes or trends such as times and locations where falls had occurred. Staff told us that learning from incidents was carried out during handover when they were able to discuss what had happened and what needed to change to improve the situation.

Records showed that the home had an ongoing refurbishment programme in place to ensure that people benefited from a comfortable and safe environment. A new conservatory had been provided, the water supply had been changed to alleviate any risk of legionella occurring and a new carpet had been ordered for the middle lounge.

We met with the providers who were undertaking a visit during our inspection. Records showed that they visited the home on a weekly basis to undertake a quality assurance check on the overall services provided at Cartref. They told us they worked well with the registered manager and held weekly meetings to discuss the running of the home. We saw that the home also used questionnaires which they sent to people who lived in the home, their families and any other professionals who visited the home to gain their perceptions of the staff and services provided. We looked at several of the completed questionnaires which held positive comments about all aspects of the home.