Bupa Care Homes (ANS) Limited

Alveston Leys Care Home

Inspection report

Kissing Tree Lane
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Warwickshire
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14 February 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 7 and 14 February 2017 and it was unannounced.

Alveston Leys Care Home provides nursing and personal care for up to 60 older people. On the day of our inspection there were 43 people living in the home. One side of the home was a residential unit and the other side was for people who required nursing care. The nursing unit consisted of three floors. The provider had opened the Lavender Unit in October 2016 for people living with dementia on the ground floor.

The manager had worked at the service since December 2016 and was in the process of completing their registration 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. Both the manager and deputy manager had previous experience of managerial roles.

People were happy with the care and support they received at Alveston Leys and found staff to be caring, polite and professional. People told us they had a positive relationship with care staff who knew them well. Staff were committed to providing a friendly, homely environment for people and their visitors. They received the training and support they needed to meet people's needs effectively.

People felt safe living at Alveston Leys and we saw people were comfortable and relaxed in their surroundings. Staff knew what to do if they thought someone was at risk of abuse or avoidable harm. The provider's recruitment process was thorough which meant risks to people's safety from unsuitable staff were minimised.

The managers understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had completed training in the MCA and understood how to support people to make decisions about their daily lives. Where restrictions on people's liberty had been identified, the appropriate applications had been made to the authorising body. People were given choices about how they lived their lives and received support in line with their preferred routines.

Staffing within the home needed improvement. The deployment and management of staff affected the standard and consistency of care people received and meant there were times when there was no staff presence in some areas of the home.

People received food and drink which met their needs. Staff were aware of those people who needed specialist support to maintain their nutritional needs. People were supported to maintain their health and obtain healthcare advice when a need was identified.

People received care that was responsive to their needs and staff understood how they preferred to spend their time. Staff responded to and acted on changes in people's needs and abilities. People enjoyed the opportunities they had to engage in activities that were of interest to them.

After a period of significant change with staffing and at management level, new staff had been recruited and a new management team were in place. People and staff spoke positively about the new home manager and the deputy manager who shared an enthusiasm to drive through improvements within the service. The new manager was aware that staff morale needed to be improved. They had put processes in place to ensure staff felt listened to and had plans to improve training so staff felt more confident and valued.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were required in the deployment of staff to ensure there were sufficient numbers of experienced and qualified staff in some areas of the home to keep people safe. Staff were confident about their role in keeping people safe from avoidable harm and reporting any concerns about poor practice within the home. The provider's recruitment process was thorough which meant risks to people's safety from unsuitable staff were minimised. People received their medicines in a safe way and medicines were kept securely.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People's liberty, rights and choices were not restricted unnecessarily. Staff understood the importance of supporting people to make as many of their own decisions as possible and seeking people's consent before they provided any care. People received food and drink which met their nutritional needs. Staff had information about people's medical needs so they were able to plan the type of support and treatment they needed.

Is the service caring?

Good

The service was caring.

Staff were caring, polite and professional in their interactions with people. They addressed people in a kind and considerate manner, and communicated with them as individuals. Staff were committed to providing a warm, friendly environment where people could make choices about how they lived their lives.

Is the service responsive?

Good

The service was responsive.

The care people received was responsive to their needs and staff understood how they preferred to spend their time. Staff supported and encouraged people to maintain their interests, to socialise and participate in activities that were meaningful to them. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was no consistently well-led.

After significant changes there was a new management team in post who people and staff knew and found approachable. The new management team worked well together and shared an enthusiasm to drive through improvements within the service. The manager had spent time addressing some of the existing shortfalls they had identified, but acknowledged further improvements were required. The manager wanted to invest in staff so they had the skills and confidence to provide high quality care which made them feel valued. People and relatives were invited to share their experiences of the service provided at the home.

Alveston Leys 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 7 and 14 February 2017. The inspection visit was unannounced on 7 February 2017 and we told the operations manager we would return on 14 February 2017 to speak with the home manager who was on annual leave on the day of our first visit. The inspection team consisted of three inspectors and a specialist advisor on the first day. A specialist advisor is a qualified health professional. On the second day, one inspector returned to continue and complete the inspection.

The provider had completed a provider information return (PIR) before our previous inspection, so we did not ask them to resubmit this information. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

Some people living at the home were not able to tell us about their experiences of living at the home due to their complex health conditions. We spent time with these people and observed the care and support they were given by staff in communal areas of the home. We observed nursing staff administering people's medicines to them.

We spoke with 14 people who lived at the home and two relatives, who told us about their experiences of using the service. We spoke with staff on duty including three nurses, eleven care staff, the cook, the deputy (non-clinical) manager, the home manager and the operations manager. We also spoke with a visiting healthcare professional.

We reviewed a range of records; these included six care plans and a selection of medicine administration records. We looked at quality assurance audits and the results of the provider's quality monitoring system to see what actions were taken from people's feedback.

Requires Improvement

Is the service safe?

Our findings

People we spoke with felt safe living at Alveston Leys and were confident in the staff who provided their care and support. Comments from people included: "It's good because the staff are always here so you feel very safe." "I feel very safe in my room." "I feel relatively safe which is a testament to some carers." A relative told us, "I have no concerns about [person's] safety." One person's care plan explained the reason the person had moved to the home was because they were 'afraid to be on their own'. We saw this person was comfortable and relaxed in their own room. They said they trusted the staff that supported them.

On the first day of our inspection visit we arrived at 7.30am so we were able to speak with the night staff before they went off duty. There was one nurse and two care staff in the nursing unit and two care staff in the residential unit. Staff consistently told us that staffing levels on the nursing unit meant they could not always be responsive to people's requests for support and could not maintain the levels of observation required to keep everybody safe. This was because the nursing unit was spread over three floors and 14 of the 29 people on the unit needed the support of two care staff for all personal care interventions. Staff told us some nights there were three care staff on the rota, but it was not consistent and there was no reason why the numbers fluctuated.

Staff felt staffing levels at night affected the standard and consistency of care they delivered. One staff member told us, "If I am honest then I would have to say they [people] do have to wait. It's not how we want to work but there is no choice. We always go and tell them [people] we are busy and we will be with them as soon as possible." They added, "We do work as a team and we work well together, but two of us on nights can be very stressful and difficult." Another staff member told us, "Normally at night there are two carers and a nurse. It can be very difficult, especially between 8.30 and 10.30pm when everyone wants to go to bed. The bells are going and if the nurse is doing medication, they can't help. Yes, they [people] have to wait." Staff were particularly concerned they could not always monitor where people were if they were busy in people's bedrooms. A typical comment was, "We do our checks, but at times when there is no staff, people could be walking around. It is a real worry. One person wanders at night and goes into other residents bedrooms. That can be a worry."

Staff told us it was also more difficult because the provider was reliant on agency nurses to cover the rota at night. There was only one night a week covered by a permanent member of nursing staff. One staff member explained, "It can be very hard when working with agency nurses who don't know the residents and they don't help us like our own nurses. It would be so nice if we could get our own nurses all the time. They [management] do try to get the same ones [agency nurses]."

During the day there were two nurses and seven care assistants on the nursing unit and three care assistants on the residential unit. However, we found the deployment of staff on the nursing unit meant there were extended periods of time when there was no staff presence on the ground floor which was known as the Lavender Unit. We spent two hours on that unit from 9.30am to 11.30 am. On arrival there were two staff supporting people with their personal care needs. Both staff left the unit at approximately 10.15am. Between 10.15am and 11.30 am there was no staff presence on the unit. There were five people in their

bedrooms, only one of whom was independently mobile. The other four people had bedrails in place, so required support from staff to get out of bed. Two people did not have a call bell in their room and one person's call bell was out of reach. This meant they had no means of calling for assistance. We observed beakers of cold tea and beakers of orange juice in each person's room, but these were not accessible and people needed the support of staff, to pass their drinks to them.

One staff member told us, "Staffing levels mean our standards are not good. I know what care standards should look like and we used to have high standards but not anymore. It makes me really upset. I worked on Lavender today but left the floor at about 10.15 am because I had to go and help on the top floor. That means I can't go back down to Lavender until dinner." Another member of staff confirmed that once people on Lavender had been assisted with personal care and breakfast, staff left the floor and did not return until lunch time. We asked staff whether people were safe when there was no staff presence on Lavender Unit. Responses included: "Safe in as much as they are in bed. But what if they need a drink and there is no one to help. Some people can't have a drink unless we help. I told the nurses this was a worry and they said everything is recorded and they are safe so we are covered. That really upset me" and, "Sort of because in terms of falling they are in bed and can't get out. But most of them can't use the call bell. I think it is wrong that there is no one on Lavender. We should not have to leave the floor. We should have enough staff to cover all floors."

On the afternoon of the first day of our inspection visit, one person from Lavender Unit fell in the garden. The unit was not staffed at the time of the fall. The gardener found the person and alerted staff. As the person was able to go outside independently, staff did not know precisely how long the person had been on the ground.

People who were able to talk with us told us they sometimes had to wait for a response from staff. One person told us, "Sometimes you wait, but they do their best." However, one person told us that on a number of occasions they had activated their call bell and still been waiting for assistance 35 to 40 minutes later. They told us this resulted in them leaving their room to try to find staff to help them.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

We discussed staffing levels with the new manager. They told us that during the summer of 2016 the home had been through a challenging time because a significant number of nursing and care staff had left to work at a new home in the local area. When they took up their post in December 2016 they told us, "My priority was recruitment and keeping the home safe." Over the last few months they had successfully recruited nursing and care staff to cover shifts during the day, and were continuing to recruit for night staff.

The manager assured us they were committed to ensuring there were sufficient numbers of experienced and qualified staff in the home to keep people safe. On the second day of our visit the manager had taken action to ensure the deployment of staff meant there was a continual staff presence in all areas of the nursing unit during the day. A dedicated member of staff was allocated to Lavender Unit to provide support and monitor people's wellbeing and whereabouts at all times. The home manager agreed that having three care staff on duty every night would make the nursing unit safer and said, "I would like a member of staff on each floor." The area manager told us they would review the rotas to ensure this staffing level was maintained at all times.

Staff received regular refresher training in safeguarding and were confident about their role in keeping people safe from avoidable harm. Staff knew what to do if they thought someone was at risk of abuse. One

staff member told us, "Safeguarding is about people's security. I have reported my concerns about one person." Another said, "I would report it straightaway and if nothing happened I would take it further, probably to CQC or the social worker." Staff told us they were confident that managers would take appropriate action if they did report any concerns. One staff member told us, "I have reported my concerns when I saw agency staff did not care for people safely. After I reported it to the deputy, they stayed late to cover and the agency staff was sent home."

Staff told us they would not hesitate to report any concerns about poor practice by other staff in the home. One staff member explained, "I would and have reported things. I would never accept or be part of poor practice, even if it makes me unpopular."

The provider's recruitment process was thorough which meant risks to people's safety from unsuitable staff were minimised. The responsible staff member for recruitment checks obtained references from previous employers, checked people's identity and that professional registrations were up to date. Checks were made to see whether the Disclosure and Barring Service (DBS) had any information about staff. The DBS is a national agency that keeps records of criminal convictions. All staff had to wait for these checks and references to come through before they started working in the home.

People's care plans included risk assessments for their mobility, nutrition, health and wellbeing and actions for staff to minimise the identified risks. For example, for one person who was unable to mobilise independently, their care plan said staff needed to use a stand-aid and a walking frame to transfer the person from one place to another. Because the person's ability was 'variable' staff were reminded that two staff should support the person if they needed to use the hoist. The person was at risk of sore skin because they liked to spend time in bed. The risks were minimised by the application of skin cream to eight pressure points, which were marked on a body map in the person's care plan.

Where people needed specialist equipment to keep them safe, we saw that it was in place. One person told us their bed was adjustable and it was lowered at night to make it easier to get in and out of independently. They said they had a foam top to the mattress to spread their weight, which minimised the risk of acquiring sore patches of skin.

One person told us they had discussed the risks and benefits of how to maintain their independence with staff. They told us, "We thought about having a kettle in the room, but my balance is poor, so I wouldn't use it."

During our visit we observed one person who was able to go out into the garden independently to smoke. There was a risk assessment in place to support the person to smoke safely but they had no means of calling for assistance if they fell, as they did during our inspection visit. The deputy manager took immediate action and we were later informed that the person was to be provided with a pendant alarm and put on regular 30 minute checks.

People received their medicines in a safe way and medicines were kept securely while this was carried out. Medicine administration records (MARs) were in good order and demonstrated that people were given their medicines as prescribed. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found guidance for staff on the circumstances in which these medicines were to be used. Where people were prescribed topical medicines that were to be applied directly to the skin, a body map clearly indicated where they were to be applied.

However, one person told us they did not feel so confident they would receive the correct medicines when

agency nurses were on duty. They told us that on 'at least 15 occasions' agency staff had given him the incorrect amount of tablets. They said, "I know exactly which tablets I taken, why and when. So I can tell them when they are wrong. They go and fetch them but should that be my responsibility?"

The provider's fire safety policies and procedures explained individual staff's responsibilities for fire safety. The manager was responsible for the safety of individual people and for maintaining regular checks that the premises and fire-fighting equipment were adequately maintained to minimise risks. The fire safety file included floor plans of the premises and an up to date register of people who lived in the home. The register was coded to explain how many people needed full or partial assistance to evacuate to a safe zone in the event of a fire.

The manager was responsible for ensuring staff received fire safety training during their induction, and that they regularly tested staff's knowledge and understanding of the actions they should take in the event of a fire or other emergency. One member of staff told us they could not remember the safe evacuation procedure, but said they would go to reception. They said they would arrange to attend refresher training. Other staff told us: "I had fire training last year. I know how to check where is the safe zone and how to transfer people to the safe zone" and, "We watched how to use the evacuation mat on screen and then practiced it, with a member of staff on the mat."

However, during our visit we observed a hoist and a number of cardboard boxes obstructing the corridor on the ground floor. A member of staff told us they did not know who had put the boxes in the corridor, but agreed it constituted a fire risk. They arranged for the maintenance man to remove them with immediate effect.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People told us staff delivered the level of support they needed and were able to be as independent as they preferred. One person told us they needed specialist equipment to support them when walking. They explained, "The staff know exactly what to do to make sure it's on properly and to make it comfortable." A relative told us, "From what I have observed staff know how to support [person]. We have been very impressed with the way staff work and respond."

Nurses and care staff told us they felt effective in their role and knew what to do, because their induction programme included training and working alongside experienced staff before working independently with people. One staff member told us, "I shadowed for three days. It was helpful and I learnt what to do." Another said, "I did all my training when I started. Manual handling, safeguarding, everything. I think the training is really good because you learn how to do things in the right way." The provider's induction included working towards the Care Certificate which assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff told us they continued to receive training to ensure their skills remained up to date. One staff member told us, "Training is good. I have done all my mandatory training and we do regular refresher courses. If you want more training you only have to ask." One member of care staff whose first language was not English told us, "The training was really good, with translation from English to my language when needed."

Some staff had received training in caring for people living with dementia, but the manager told us it was one of their priorities to ensure all staff in the home received training in this area. They also planned to identify two staff members to become 'dementia champions' to do more in-depth training which they would then share with other staff in the home.

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. The application procedures for this in care homes are 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 were being met.

The manager understood their responsibilities under the Act. Records showed the manager assessed people's capacity to make decisions and sought the legal authority to restrict people's rights or liberty in their best interests if the person was unable to understand the risks to their safety. In one care plan we saw the registered manager had checked whether any other person had the legal right to make complex

decisions on the person's behalf. Their care plan included the name of the person who had the Power of Attorney for health and financial decisions, but clearly stated the person could make 'their own daily choices'.

People's liberty, rights and choices were not restricted unnecessarily. Staff told us where people had the capacity to understand the risks, they went out alone. "Everyone (on the residential side) has capacity. They can go out the front door, it is only door-coded for entry, not for exit."

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of supporting people to make as many of their own decisions as possible and seeking people's consent before they provided any care. One staff member told us, "It's about people being able to make their own decisions and having someone to do it for them if they can't." Another explained, "Sometimes [person] does not want to get up. I go back again after ten minutes and try again. People have a choice. We can't force anyone to get up." One person who was in bed during our inspection, told us they did not want to get up that day. Records showed staff had recorded the person had 'declined' to get up at breakfast time and 'declined' again at 10:15am because they 'felt tired'. Records showed staff had been back to the person and made sure they had sufficient food, drinks and snacks throughout the day. A relative confirmed, "They always ask [person] before they do anything. They ask what [person] wants and needs. Nothing is too much trouble."

People told us they decided the level of support they received and how they spent their day. One person told us, "I don't go to the dining room. I eat here. I don't like small talk." Another told us, "The staff always say, 'where would you like us to start today?' Some days I like to wash first and other days I dress first. It's never a problem. They [staff] tell me it's up to me."

People received food and drink which met their needs. The majority of people told us the food was good and varied. Comments included: "It is cooked fresh on the day and they always ask which meal I would like the day before. They will cook [favourite meal] if I don't like either option. The chef makes it look 'dainty' (appealing)." "The food is reasonable and it is varied. They don't ask about your preferences" "They are very good at mealtimes. They will always get you an alternative to the menu. The meals are good."

There were two dining rooms in the home, one on the residential side and the other on the nursing side. In both dining rooms, tables were set nicely with table cloths, cutlery, condiments, napkins and flowers and the menus were displayed. Meals were well presented and looked hot and appetising. People were given a choice of drinks and asked if they wanted an apron to protect their clothes. Where people needed assistance, staff supported them in a kind and sensitive way, and said things like, "Can you cut it alright?" and "Let's wait a bit because there is steam coming off it." The atmosphere during lunch was relaxed in both dining rooms and there were enough staff to support people to eat.

Where people's care plans noted they needed a particular diet, kitchen staff could tell us about this, for example vegetarian or gluten free. Staff told us, "There are whiteboards in the kitchen that explain people's individual dietary needs and allergies. The manager tells us about any changes." However, one person raised a concern that the meals provided did not always meet their individual needs. They explained all the meals were 'fortified' with added butter and cream and whilst tempting this was not good for them because they had limited mobility and were not able to exercise much.

Staff completed the malnutrition universal screening tool (MUST) to identify people at potential risk of malnutrition. People were regularly weighed so staff could make sure they had enough to eat and drink. One person told us, "I am never hungry and they weigh you regularly. I have put on weight." For people at risk of poor nutrition, their care plan guided staff in how best to support them to minimise the risks. For example,

one person's dietary care plan explained staff should prompt and encourage the person to eat by offering a choice of foods they liked. Staff told us if there was any significant weight losses the person would promptly be referred to the GP, speech and language therapy (SALT) or dietician.

Staff told us how they supported one person to maintain their dietary needs, by means of a tube directly into their stomach, because their ability to swallow food was variable. Staff told us they monitored the person's appetite during the day and shared information at handover with night staff. Staff then adjusted the amount of nutrition they received via the tube according to how well the person had eaten during the day. Records for one person who was at risk of not drinking enough, showed that staff monitored the amount of fluid the person was offered, how much they drank and kept a running total so they could check that risks to the person's hydration were managed effectively.

People told us they were supported to maintain their health and obtain healthcare advice, because other health professionals, such as the GP and audiologist, visited them at the home. People told us, "The dentist comes and the GP when you need them" and, "The GP can't prescribe a 'tonic' now, just good food and rest, which I get here."

A visiting healthcare professional told us they visited people who were referred to them by their GP. They said they assessed people's needs and devised an exercise programme, which they wrote up in the person's care plan, which staff could read to understand how they should support the person. They told us they also provided the person with a 'tick sheet' to mark when they did their recommended exercises. They told us the nurses were supportive of their aims and understood the importance of making sure the exercises took place.

People's care plans included information about their medical history and current medical conditions, and any regularly recurring health problems, so nurses were able to plan the type of support and treatment each person needed.

Good

Is the service caring?

Our findings

People were happy with the care and support they received at Alveston Leys. People told us all the staff were caring, polite and professional. One person told us, "I like the staff very much. The staff are very nice and very thorough. The cleaner is usually singing while they work." Every relative we spoke with was very complimentary about the caring attitudes of staff and were confident their family members were well cared for. One relative explained, "The staff are very caring. They really look after [person]." Another relative told us, "We are very pleased with the care and the attitude of the staff."

People told us staff were friendly and thoughtful. One person told us, "I have been a carer so I know what it's like. I have not worried about anything in the years I have been here." During our visit we observed one member of care staff assisting a person to the dining room. The staff member was carrying the person's bag and was heard to say, "Shall I put your bag on your right side so you can see it? I know it's important because this is one of your favourite bags and it's very special." The person responded, "You're always very thoughtful. Thank you." The member of staff checked the person had everything they needed and was comfortable before they left the room.

People and relatives told us they had a positive relationship with care staff, and felt that staff knew them well. One person told us, "Everyone has been kind and has really looked after me. I couldn't ask for anything better." A staff member told us they had just started a 'keyworker' role. A keyworker works with specific people to understand their individual needs and co-ordinates the service to meet those needs. The staff member was able to describe the personalities, needs, abilities and preferences of the three people they were a keyworker for. Another staff member explained, "It's the little things that are important. Like, I know [person] likes to sleep with two pillows, not one. So I always make sure there are two pillows."

Staff were calm and reassuring to people who were distressed or anxious, and used appropriate touch to comfort people and show affection. For example, one member of care staff sat gently stroking a person's hand and gave the person verbal reassurance because they seemed to be upset. The person appeared to relax and respond positively to this.

Staff were aware of people and took practical steps to ensure they were comfortable. A member of staff noticed one person kept touching their eyebrow. The staff member sat by the person and discretely asked if they were alright. The member of staff was heard to say, "Oh I can see you have a long hair. I bet that's what's annoying you. Can I move it?" The person nodded. The member of staff fetched a clean damp cloth and gently smoothed the person's eyebrow and then said, "I think that's done the trick." The person smiled in response.

Some people who used the service were unable to tell us about the care they received, but throughout our visit staff addressed people in a kind and considerate manner, and communicated with them as individuals. A staff member explained, "You have to be a certain type of person to do this job well. I think about people like I think about my own family. And that's how I care for them."

We found staff were committed to providing a friendly, homely environment for people and their visitors. When we arrived at 7.30am on the first day of our visit, the home was bright, warm and welcoming. One member of staff explained, "I want to see people smiling, comfortable and happy. That's what's important." People were encouraged and supported to bring in small items of furniture, pictures and ornaments to make their bedrooms their own personal living space. One person told us, "I love my room. It's smashing." Another said, "I feel like it is my home."

Overall, people told us they felt their dignity and privacy were upheld by care staff. One person told us, "They (staff) are very respectful." A relative told us, "[Person] is a very private person and staff respect that." During our visit we saw staff were polite and respectful towards people in their behaviour, their voices and language. People's right to privacy was respected. For example, people's bedroom doors were open or closed, and staff supported people to spend time alone or with others, according to their preferences. Staff knocked on people's doors and asked permission before carrying out care tasks. However one person told us, "When I first came privacy was a real issue." They told us the situation had improved, but there were still odd occasions when staff walked straight into their room without knocking.

People were given choices about how they lived their lives and received support in line with their preferred routines. For example, people could choose where they wanted to eat their meals and at what time. One person told us, "I can choose when to get up and what I want to do. I choose to eat my dinner in my chair, but I like to eat my tea at the dining table." People said they were not rushed and staff worked around their routines.

Staff had taken time when supporting people with their personal care. People were individually and smartly dressed. Ladies had their hair done, and they had been supported to put on their jewellery and their clothes had been chosen with care.

Staff told us they enjoyed working and caring for the people who lived at Alveston Leys. They recognised caring for people was important, with one staff member explaining, "Caring is making someone comfortable. Looking after them properly and making them feel loved and not lonely."

Good

Is the service responsive?

Our findings

People told us staff understood how they preferred to spend their time. One person told us, "I am quite happy in my room. I keep up with the world outside by watching television and visits from friends." Another person explained, "I am very happy here. There is always something to do, like today I'm playing bingo and later I will lie in bed and watch a film." A relative told us, "We have found they [staff] are willing to listen and respond. It's been very good." One staff member explained, "It's important to get to know the residents so you can do things how they want you to."

We received mixed comments from people and relatives about whether they had been involved in developing their care plan. Some people told us they could not remember being consulted, but other people told us they had. One person told us they had been through their care plan and their needs and preferences were understood by staff. Three people we spoke with said they 'knew nothing' about a written care plan, although they all had capacity to consent to their care. One relative told us, "We are fully involved in making decisions about [person] and staff keep us updated. It's been very good." This relative told us they had been asked their opinions on things which they assumed had been added to their family member's care plan.

However, the care plans we looked at demonstrated the involvement of people and their relatives. They were detailed, well written and contained information about people's family background, likes and dislikes, nutritional needs, communication, mobility, spiritual needs and general support needs. This information was person centred and specific to the needs of the individual. One person who had only been in the home a short time told us, "The staff are getting to know me now. If I say I would like a shower they help me. They [staff] never say they have not got time."

People's care plans included 'lifestyle' and 'healthier and happier life' risk assessments and plans which explained whether the person liked to socialise with others, how staff should offer them choices in their day to day lives and the actions staff should take to minimise risks of anxiety. Records showed people's relatives were kept up to date about the person's health and wellbeing, and were encouraged to share any concerns of their own with staff, to ensure people received person centred care.

There were clear examples of staff responding to and acting on changes in people's needs and abilities. Care plans were regularly reviewed and updated, to reflect these identified changes. For example, one care plan we looked at showed the person was able to use the call bell when they first moved into the home. This was updated a month later to say their ability to remember to use the call bell was 'variable' according to the person's 'mood'. The most recent review recorded that the person, 'doesn't like to use the call bell', so staff were instructed to check the person regularly.

People's care plans included information about their cultural and religious preferences and traditions. On the first day of our inspection, we saw some people attended a religious service in the lounge. After the service, the religious leader went to individual people's rooms to make sure they were able to maintain their traditional practices, even if they were not able to attend the full religious service.

Some staff told us they did not have time to read care plans but were confident their understanding of people's needs was up to date because they had a handover meeting between each shift. Comments included: "You don't get time to read care plans. We learn about people by talking to them and we get information at handover"
And, "I learn from the other carers and the nurses at handover."

People were supported to maintain their interests and hobbies. The home manager had employed three activities coordinators to make sure people had the opportunity to engage in activities and events they were interested in. A timetable of events was displayed in communal areas, and people had a list of planned activities and events in their room. Activities on offer included dining, cultural, musical and outdoor events. There was also melody therapy, creative mobility, song and movement and art classes people could participate in. There were opportunities to engage in the local village community with trips to the local pub and a coffee morning for the people who lived around the home. On the second day of our visit we saw the home was decorated to celebrate Valentine's Day with a special meal planned.

People enjoyed the opportunities they had to engaged in activities. Comments included: "I have had some outings with staff. All you've got to do is ask", "A pianist comes and a story teller comes in. I enjoy that", "They are good at arranging entertainment. We have a young man who visits and plays the organ and about 17 people attend. We all sing along. I enjoy going to that" and, "The garden is beautifully kept. I've sat out there in the summer."

Staff kept a record of how people spent their time, so they could monitor their wellbeing. Records in one care plan we looked at showed staff had supported the person to dress and spend time in the lounge socialising with others. Staff had recorded how many other people had shared the event or activity the person had taken part in. We read that the person had spent time during the previous month singing, playing (carpet) bowls and baking. On the days the person had declined to spend time with others, staff had spent time talking one-to-one with them in their room.

One person told us they particularly liked spending time talking with staff and said, "They chat with me and I learn about their lives. It's nice to talk." Staff also valued this time with people and said they wished they had more opportunities to sit and have meaningful conversations with people. One staff member said, "I always try to chat to the resident when I am helping them. This is how I learn about what they like and what's important in their life." Another said, "I would like to have more time to sit and talk with people. Sometimes during personal care we have chance to talk about the past."

The provider had a clear complaints policy which was up to date. There was information about how to make a complaint displayed in the entrance hall to the home. The manager kept records of any complaints including the nature of the complaint, actions taken and the outcome. Eight complaints had been received in the last six months which had been investigated and dealt with appropriately. The majority of the complaints were related to fees and financial matters.

Most people told us they had not had any reason to make a complaint. Typical comments included: "I have never made a complaint. It is always clean and tidy" and, "I have never complained about anything. Some people think it is a hotel." One person told us they had some concerns which they had raised with the operations manager and the registered manager. This person told us they had been listened to and most of the issues had now been resolved.

Requires Improvement

Is the service well-led?

Our findings

Overall people and relatives were positive in their comments about the care they received at Alveston Leys. One person told us, "I chose this home to be closer to family. It was a very good decision. I am happy here." Another person told us, "I came for a day's trial before I moved in." This person felt they had made the right choice.

Alveston Leys had recently been through a challenging time due to significant changes at management level and a number of staff leaving the service. A new manager had recently been appointed who had previously worked for the provider as a registered manager at another location. They had transferred to this service in December 2016. The deputy manager had joined in June 2016 and also had previous managerial experience.

People spoke positively about the new manager and the deputy manager. One person told us, "One day I was not well and the manager came up to my room to see me and check in on me. They didn't have to do that did they?" Another said, "We have a new deputy and manager. They introduced themselves (to me). The fair haired one is a nice girl." Another confirmed, "I know the manager quite well." One relative told us they generally liaised with the nurses who were responsible for their family member's care, but added, "We were invited to meet the new manager, but we didn't attend. But I know where they are and I would not hesitate to speak with them if I have a concern."

Staff told us the manager and deputy manager were easy to work with. One member of staff when talking about the manager said, "She has only been with us since December, she is very nice. She is very easy going and easy to talk to."

Staff told us that opportunities to meet with managers and discuss their training and development within a supervision meeting had not been happening regularly, but felt it would improve. One staff member explained, "We used to have it (supervision) regularly but not so now. A lot of staff left and the management changed so I guess there hasn't been time." Another said, "I tend to chat with them (managers) every day if I have got any issues."

Staff told us they met regularly as a team to discuss issues affecting them and the home. One staff member told us, "Staff meetings for night staff are every three months. I think they are valuable because you can air grievances." Staff told us that at a recent meeting for night staff, they had raised concerns that some staff did not always respond promptly to the emergency bell. This concern had been taken seriously by the manager. However, some staff were not so positive. One staff member told us, "We have staff meetings and you can say what's on your mind. But often, nothing changes."

Whilst staff spoke positively about the new management team, they felt that previous commitments by managers had not been fulfilled. For example, one staff member told us, "We were promised three carers, permanently, at night when the dementia unit opened but it has never happened. And, it opened last October." Staff felt frustrated because they were anxious to deliver a high standard of care that was

responsive to people's individual needs. One staff member told us, "I think people are well cared for but it could be better. It's all down to staffing. We could spend more time with people and give the right guidance and support to people who need more help."

We spent time talking with the manager about the challenges they faced when they joined the service. They acknowledged the frustrations faced by staff and told us that since their arrival in December 2016 they had spent time addressing the existing shortfalls they had identified. They explained there had been significant recruitment of new staff which had resulted in more consistent care and improved morale. The recruitment drive remained on-going to recruit nursing and care staff to the vacant positions, and the provider was offering incentives to encourage applications. The manager told us they were committed to providing a service that would facilitate excellent care delivery for all people, but accepted further improvements were required.

The manager and deputy manager told us they worked well together and shared an enthusiasm to drive through improvements within the service. They responded positively to the issues we raised and rectified some issues as promptly as possible after we brought them to their attention.

The manager had identified that one area that required improvement was 'clinical oversight'. They had introduced a white board in their office which contained information about areas of risk, such as people with skin breakdown, wounds, infections and weight loss. The manager explained that at a glance they could see where the clinical risks were, so they could ensure they were being appropriately and effectively managed. They explained, "I wasn't getting the information I needed. Now I know exactly what is going on."

Each day the manager carried out a 'walk around' of the service to check on the delivery of care. There was also a daily 'Take 10' meeting where the heads of department came together to discuss items such as any high risk clinical issues that had occurred over the last 24 hours. The manager said these meetings were being used much more effectively now as staff had a better understanding and came to the meetings with the information they needed to share. There were also other essential daily, weekly and monthly checks to ensure the smooth running of the service and to identify any issues that could affect the standards of care within the home.

The manager recognised that an important part of their role was to encourage staff retention at the home. They told us they wanted staff to receive more training to embed their knowledge and ensure they had the skills and confidence to support them in their role. They intended to identify staff members to become champions in areas such as dementia so they could do more in-depth training and then cascade this to other staff members. The manager explained that giving people those skills would make them feel more valued in their role. "It makes staff feel we care about them because we want them to do the best they can do. I think it will help to retain staff because they will feel valued."

The manager was aware that some staff did not always feel listened to and felt communication could be improved. They told us they had introduced a focus group for carers, "Because sometimes carers don't get heard. Care assistants did not feel the nurses were responding to what they were being told." Every Tuesday staff were able to attend the focus group. The manager explained, "If there are any concerns that aren't being handed over properly, or they are not being listened to, they have that time then."

People and relatives were invited to share their experiences of the service provided at Alveston Leys through an annual quality survey and regular meetings. We saw the home had a 'Customer Feedback' board where the manager responded to issues raised during the meetings. This included the high use of agency staff and

the feedback board detailed the staff recruited to resolve that issue. The minutes of the meeting in December recorded that people felt things had improved since more staff had been recruited and the atmosphere in the home was 'really good'. Although few people had chosen to complete the last quality survey, overall the responses were very positive about the care people received at the home.

The provider carried out a number of audits and quality checks to ensure people received high quality care that was safe, effective and responsive to their individual needs. We looked at the most recent audits which were RAG rated. The RAG system is a method of rating based on red, amber and green colours as in a traffic light system, with green indicating a good performance, red a bad performance and amber that improvements were required. The latest audits demonstrated improvements were being made in the processes and procedures to support the provision of quality care within Alveston Leys, but further improvements were required.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes involving the service within a required timescale. This means that we are able to monitor any trends or concerns. The ratings from our previous inspection visit were prominently displayed in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The deployment and management of staff did not ensure they could effectively respond to people's needs at all times.