Flollie Investments Limited

Alice House

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection took place on 3 March 2015 and was unannounced Alice House provides accommodation for up to 23 people who require nursing or personal care. There were 19 people on the day of our inspection. The home specialises in providing a service to older people who are living with dementia. At our last inspection on 12 December 2013 there were no breaches of the legal requirements identified.

There was a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were systems in place to reduce the risk and spread of infection. However these were not followed .This had resulted in some areas of the home not being satisfactorily cleaned and people were at risk of acquiring infection and cross contamination. You can see what action we told the provider to take at the back of the full version of this report

People told us they felt safe and well cared for. We saw risks to people were identified and plans put in place to

Summary of findings

monitor and reduce risks. Staff attended to people's needs quickly and were patient, caring and understanding in their approach. Staff were available in different parts of the home to provide support to the people who used the service. Relatives told us they were happy with the care provided. People and their relatives told us there were enough staff.

Appropriate recruitment checks were made on staff and there were enough staff to meet people's needs. Medicines were administered safely. There were checks on the equipment at the service.

People's needs were assessed and their preferences identified across all aspects of their care to provide them with appropriate care. People could see relevant health professionals when they needed. Specialist support was sought for staff to help improve their understanding and management of aspects of people's dementia.

The service complied with requirements of Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and DOLS provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare.

A range of suitable activities were organised that considered people's varied needs. The people who lived at Alice House had complex health and care needs and were supported to choose or join in group activities. We observed that staff spent one-to-one time with people throughout the day.

Care plans had been reviewed and audited. These provide a clear detailed guide for staff with the involvement of people, or their relatives if appropriate. There was a clear system of audits to monitor the quality of the service and actions identified were addressed.

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?

Requires improvement

The home was not always safe. People were not protected from the risk of cross infection at the home.

Risk assessments were carried out to monitor and reduce risks to people. For example, falls and health and safety.

Appropriate recruitment checks were made on staff and there were enough staff to meet people's needs.

Medicines were administered safely. There were checks on the equipment at the service.

People were observed to receive a consistent and safe level of support.

Is the service effective?

Good

The service was effective.

Staff received training so they were sufficiently skilled to undertake their roles. The service sought advice from specialists for dementia.

The service complied with requirements of Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received enough to eat and drink. People's fluid and food intake was monitored and appropriate action taken if people lost weight. People's individual health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people who used the service. Staff knew people's preferences well.

People and their relatives felt involved in the care and they felt able to raise any issues with staff or the registered manager.

Staff knew how to treat people with respect and dignity as well as promote their independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and staff responded to changes in people's needs.

Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet the needs of people with dementia.

Summary of findings

There were a range of suitable activities available during the day.

Is the service well-led?

Good

The service was well led.

Staff were well supported.

People's views about the service were sought and any issues they had were addressed.

There were auditing systems in place to monitor the quality of the service and processes to ensure any necessary action was taken.

Audits were analysed to make sure the care provided was safe and effective and issues were addressed.

Alice House

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.

This inspection took place on 3 March and was unannounced. The inspection team comprised one inspector. Before the inspection we looked at the information we held about the service including notifications they had sent us about incidents that happened at the home.

The provider completed 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.

During the visit, we spoke with three people who used the service, two relatives, one nursing staff, two care staff, registered manager and the provider of the service.

We looked around the building. We looked at a sample of three records of people who used the service and three staff records. We also looked at records related to the management of the service.

Following our visit we spoke with three health care professionals, who were involved in the care of people living at the home. We also spoke with three relatives of the people who used the service on the phone.

Requires improvement

Is the service safe?

Our findings

People were not fully protected from the risk of infection. We looked around the premises to determine cleanliness and management of infection control. We looked at the dining and living areas, kitchen, laundry room, bathrooms and of bedrooms. We found that appropriate standards of hygiene had not been maintained in relation to some of these areas.

We found there were layers of accumulated dirt on the floor in different parts of the kitchen. The work tops were dusty and the two fridges in the kitchen were dirty on the bottom shelf.

In all bedrooms we found accumulated dirt under the beds and between the wardrobes and dust on top the chest of drawers and the picture frames. We were told that the home had not been cleaned at the time we looked round the premises because it was too early (0915) as people were still receiving their personal care and the cleaner had not cleaned the rooms. The registered manager told us that the cleaner made all beds and then cleaned the rest of the bedrooms before cleaning the rooms. We checked the areas again before we concluded our inspection and found although the rooms had been satisfactorily cleaned there were still dust on the picture frames and the chest of drawers. This put the people who used the service at risk of cross infection.

Cleaning rotas that included daily, weekly and monthly tasks were in place and staff signed the rota when each task had been completed. This helped to ensure that the level of cleanliness of the home was monitored so a clean environment was maintained for the people who used the service. However, we found that some areas of the home were not satisfactorily clean and were at risk of cross contamination.

There was a kitchen cleaning rota and staff had signed to say that the tasks had been completed. There was a monthly health and safety audit which included infection control was last undertaken on 23 February 2015 and the kitchen was ticked as clean. Despite the cleaning rota and the regular audits the kitchen was not clean. This posed a risk of cross contamination to the food prepared for the people who used the service, visitors and staff and compromised their health and safety. This also demonstrated that people were not protected against the risk of acquiring an infection.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The Department of Health publishes guidance, the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance known as the Code. The Code sets out the basic steps that are required to ensure the essential criteria for compliance with the cleanliness and infection control requirements under the Health and Social Care Act 2008 and its associated regulations, are being met.

The provider's policy guidance for staff, on the prevention and control of infection at Alice House had been reviewed in 26 June 2014 to account for some of the principles of the Code.

The infection control policy detailed hand washing procedures and handling of bodily fluids. It also detailed care of people who had infection and prevention of infection. There was no mention of staff training or the frequency of cleaning of areas at the home. The policy included information on a number of ways to ensure that people who used the service were protected against the risk of infection. These included infection control procedures, notifiable diseases and waste disposal.

The policy did not include the need for risk assessments and prevention and control of infection within the home. The policy also did not mention the need for infection control audits and a designated infection control lead as stated in the Code of Practice on the prevention and control of infection and related guidance. (Health and Social Care Act 2008).

The registered manager told us they were the designated infection control lead at Alice House and that they carried out regular monitoring of cleanliness and infection control arrangements in the home. We saw that areas of the environment, including the laundry and the furnishings and equipment there were kept clean and hygienic. There were suitable arrangements for the disposal of waste.

Staff used disposable gloves and washed their hands after providing care to ensure that the people who used the

Is the service safe?

service and the staff were protected from the risk of infection. One person told us they thought the home was always kept clean. One relative told us “the home was always clean and smelt fresh each time I visited”.

People told us they felt safe. One person said, "I feel safe and I have no worries”. One relative told us “my relative is in a safe place from what I can see when we go in”. Another relative told us “my family member is in a safe place”.

There were up-to-date safeguarding and whistle-blowing policies and procedures along with a copy of the local multi-agency safeguarding protocol for North Somerset Council were in place. Staff confirmed by signing that they had read these policies and procedures and understood how to use them if they had any concerns.

Staff had completed safeguarding adults training and were able to demonstrate their understanding of this area. They described various types of possible abuse, and their reporting responsibilities. For example, staff members were aware of the arrangements for reporting safeguarding to other agencies such as the Care Quality Commission or the local safeguarding authority. Staff said they would make sure that the registered manager was made aware of any worries or concerns that could have in regard to any safeguarding issue. One staff member told us “I will definitely report any suspected or actual abuse to the manager”. A senior member of staff said, they all know what to do should a service user told them they were being hurt or abused. The manager was approachable and they knew the manager would take action".

Risk assessments were seen in care plans where staff had assessed people to be at risk of potential harm. These included moving and handling, falls risk, skin integrity and nutrition. Our observations showed that staff knew how to move people safely. Care plans and risk assessments were reviewed following recent accidents to the people who used the service. This was to minimise reoccurrence and to protect the health and safety of people.

Medicines were safely administered to people who used the service. The staff checked the medicines administration records, (MAR charts). They then gave the medicines to people, staying to observe that it had been taken. The MAR chart was signed once the person had taken the medicine. However, we found gaps in one MAR chart where medicines had not been signed for with no satisfactory explanation why these had not been signed for. The person could be at risk of receiving these medicines twice which could be detrimental to their health. We discussed this with the registered manager who told us that they would ensure that an action plan was put in place to prevent that from happening again.

Medicines were secured safely in appropriate storage. Some medicines needed to be kept at a specific temperature in a fridge. Records show that the temperature of the fridge was within the required limits to make sure the medicines were being stored appropriately.

There were safe systems for keeping a record of stocks and administration of medicines when they were being used. Medicines were disposed of appropriately with records kept of any medicines destroyed by the home and a medicines audit had been carried out on 13 January 2015. This helped to make sure effective systems were in place to check the management of the medicines.

Records showed that the provider carried out weekly fire alarm tests. The service employed a handyman who carried out repairs on reported faults. There was a maintenance records which allowed for an audit trail and to ensure that repairs were carried out promptly and in a satisfactory manner. This ensured that people at Alice House lived in a safe environment.

Each person using the service had been risk assessed to determine their level of need. People’s level of need was reviewed on a regular basis to ensure it accurately reflected the level of support the person required and used to adequately plan the staffing levels.

There were sufficient staff on duty which meant that they were able to respond to people’s different needs. The rotas showed a minimum of four staff including one registered nurse were on duty during the day. On the day of our inspection there were three care staff on duty and one registered nurse from 0800 to 1400 for the 18 people. There were also one registered nurse and three care staff in the afternoon from 1400hours to 20 00 hours and one registered nurse and one care staff at night. The registered manager and the provider were also available on the day. Relatives told us, ‘’there are always lots of staff about, we come at different times of the day and it’s always the same.’’

Staff we spoke with were able to describe how they would respond to an incident and ensure it was correctly

Requires improvement

Is the service safe?

reported. We saw incidents were fully reported by staff and assessed by the registered manager to ensure appropriate preventative measures were taken to minimise the risk of a reoccurrence.

Safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff worked at the home. The provider had employment procedures which were followed in practice. They had carried out relevant checks before staff were employed to work at the home and to confirm they were fit to work.

People were cared for by suitable staff. Staff records confirmed staff had been subject to a Disclosure and Barring Service (DBS) checks. (DBS enables organisations in the public and private sector to make safer recruitment decisions by identifying candidates who may be unsuitable for work with adults and children by providing wider access to criminal record). Proof of identity, employment histories, two written references, including one from their previous employer were available in the files. We saw information about their physical and mental health had also been obtained.

There were arrangements in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan in place. These gave staff guidelines about how to evacuate people from the building should this be necessary in the event of fire emergency.

Each room and bathroom had an emergency call bell to enable the people who used the service and staff to summon help in the event of an emergency. The registered manager told us about emergency arrangements in the event of the loss of essential services such as heating or loss of water supply. The provider had developed a contingency plan which included an up to date contact details of arrangements with local facilities where people could be evacuated to in an emergency.

Good

Is the service effective?

Our findings

People were supported to eat and drink enough to meet their needs. Where people had been identified as having specific nutritional needs, these had been recorded in their care plans. There was detailed information about people's specific dietary likes and dislikes.

The care plans contained Malnutrition Universal Screening Tools (MUST). These are recognised assessment and showed that people using the service were having their weight monitored on a monthly basis or more frequently if their needs required it. The plans provided guidance for staff, including which menu plan suited their needs. When people lost weight, they were referred to their GP and dietician and were provided with a high calorie intake diet and food supplements.

Menus were varied and accommodated individual food preferences and nutritional needs. People had nutrition care plans and these were reviewed monthly or sooner when appropriate to reflect people's current nutritional needs. This included food allergies, and whether they needed a soft, pureed, fortified, diabetic or gluten-free diet.

There was a choice of two main dishes and two desserts. People were shown the dishes to help them choose the one they preferred. We saw that people and their visitors had frequent access to water or hot beverages, fresh fruit and biscuits throughout the day. One person told us "there is always plenty to eat here". Two relatives of people who lived at the home told us, "there are always plenty to eat when we visit the home". Another relative told us" our family member certainly eats better than when they were in a different environment and they can choose what they want to eat; We know they enjoy their food".

We observed lunch being served. The food appeared hot, nutritionally balanced, well presented and in sufficient quantity. Four staff members were in attendance to serve lunch and provide assistance for people as identified in their care plan. Staff went round and checked that people were enjoying their meal. One person said they didn't like their meal and walked away. Staff allowed the person to walk around, but monitored them and then offered them another choice. When the person indicated they didn't want anything else they offered them a pudding which the person said they would like.

Staff sat with people who needed assistance and helped them with their meals in a discreet manner. Staff helping people knew what support they needed and offered choices regarding the meal and drinks. People were able to spend as much time as they needed to eat their meal. This ensured that people were supported to enjoy their meals in a relaxed environment and supported by staff that respected their wishes.

There was a mental capacity assessment (MCA) in place within the care documentation. This was mostly to cover people's consent to their care plan. We observed that the majority of people were not able to give consent for some aspects of their care; such as what they would like to eat, activities they wished to take part in and what they would like to wear.

The MCA and Deprivation of Liberty Safeguards (DOLS) provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. The registered manager was aware of what constituted a deprivation of liberty and had been in contact with the local authority for authorisation. One application had been made in respect of one person. The registered manager told us that It had been agreed that applications for the other people living with dementia would be submitted, prioritising those most at risk of their liberty being restricted.

The training information showed staff had completed safeguarding training and related training such as the Deprivation of Liberty Safeguards (DOLS) and the Mental Capacity Act 2005 (MCA). Providing staff with access to appropriate guidance and training helped to ensure they knew how to keep people who used the service safe. Staff said they had been told what action to take should they become concerned about people's safety and well-being.

The care plans showed people and their relatives were involved in their care and treatment and had met with the registered manager or the trained nurses on a regular basis to consent to the care plan or review. The care plans showed that an appropriate record of best interest decision making had been taken when a person was assessed as lacking capacity to make daily living choices including their care and treatment. The records indicated that people, their families, relatives and advocates were appropriately involved. A relative we spoke with told us that staff were polite and her [relative] was always asked about consent to care and treatment.

Good

Is the service effective?

Staff said that they had completed training in subjects such as manual handling and the protection of adults to keep up to date with current good practice guidelines. The home training plan recorded that training had been undertaken and that further courses were booked for some staff in the coming months for example 'intensive interaction'. This training would enable staff to support people whose behaviour challenged. Staff were supported to undertake industry recognised qualifications including the previous National Vocational Qualification (NVQ) or the current Qualifications and Credit Framework (QCF) diploma. This provided them with relevant qualification to perform their roles effectively.

Staff had completed an induction programme that covered areas such as: health and safety; first aid; fire safety; infection control and moving and handling. A recently appointed member of staff confirmed they had been made aware of the provider's policies and procedures during their induction. Staff told us their induction had been informative and they felt it prepared them to work with the people they supported.

Systems were in place to provide staff with supervision to ensure people received appropriate standards of care. Supervision records for care workers indicated they received structured supervision as well as an annual appraisal. Supervision records showed that the provider took into account the training and personal development needs of care workers as well as current working practices regarding peoples' care provision.

Staff we spoke with confirmed they had supervision and that they felt supported. One nurse told us, "The registered manager is very good and is supportive". One care worker told us, "I feel supported by the manager. Communication is very good and staff work as a team here."

Records showed that advice was sought from GPs when changes to health needs were identified, such as medication. We found that the home had accessed additional support from mental health professionals. One professional told us "the home liaises well with us. They seek advice whenever necessary".

Good

Is the service caring?

Our findings

People were involved in the planning of their care and steps were taken to identify people's preferences. People who lived in Alice house were living with complex dementia needs. Staff treated people with respect. We saw many positive interventions between people and staff. For example we observed two care workers assisted and supported a person to go and sit in a quieter area of the lounge as they were upset and anxious. They talked with the person, whilst ensuring their dignity was not compromised. On another occasion we saw a care worker discretely supported a person to have a change of clothes when this was needed.

People were supported and involved in decisions about their treatment and care. Staff were patient when answering people's questions and provided explanations in a respectful manner. People and their relatives told us they were involved in their care. One relative told us, "they let my relative choose what they want to do and what they want to eat". Another relative told us, "they get plenty of choices, it's very good there". One relative also told us that they were pleased with the care provided for the family member. Some comments included "we are very happy. Staff are very good with our relative. They know what they need. My relative is always smiling whenever we go to see them".

Care staff treated people with kindness, were patient with people and treated them with compassion. People were greeted by their preferred names and were supported by staff in a dignified manner. One relative told us "Alice House was very clear that they would support our family member to live a better life when they came for the initial assessment and they have lived up to their word. They have excellent care staff and we are happy how much our relative has improved and our relative is much happier".

People were treated with dignity and respect. Relatives told us that the staff knew their family members well and were familiar with their preferences, likes and dislikes and treated them with respect and dignity. Comments included, "they know my relative very well and they know what they really like." Staff spoken with told us how they promoted people's privacy and dignity. They described how they did this when providing personal care. They talked about ensuring curtains and doors were closed during personal care, covering people with towels when washing and always knocking on people's doors before entering. Staff also spoke about promoting independence and supporting and enabling people to do what they could for themselves.

The atmosphere in the home was comfortable and staff interacted with people in a calm way. Staff were kind, respectful and polite.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they received a service. A relative told us they had visited the home before making a decision for their family member to move in. They also said they had been visited by staff from the home who asked them questions about the help their family member needed. This information helped staff to develop care plans so they could identify people's strengths and abilities, likes and dislikes, and the support they needed to be independent.

An activity programme was provided which we saw displayed on a notice board in front of the registered manager's office. A range of activities took place which enabled people to retain their mobility and flexibly. This included daily walks, rummage box, sensory box, and knitting, as well as music and picture book sessions. Photographs of activities undertaken by individuals at the home were displayed in the home.

People were enjoying different activities with staff. One relative told us "the care staff don't impose on them the things they want them to do, they let people choose what activity they want to do and for me this is very important to their wellbeing. My relative has the freedom to do what they choose to do. Staff play an active role in participating in the activities and there are lots more activities".

Staff were knowledgeable about people they supported. For example, they described the one-to-one support given to one person who needed additional support with their behaviour. They explained about this person's preferences and how to support them when they became upset. All gave us the same information and this matched the guidance in the care plan and demonstrated that consistency of care was promoted in line with the person's assessed needs.

Not all the people who lived at the home were able to answer all the questions we asked them due to their dementia. However, those that could tell us they felt comfortable raising issues with staff. One person told us "I have no worries". Relatives of people living at the service told us they were aware of how to make a complaint and felt comfortable raising issues if they needed to. One relative told us, "we have no complaints but If we ever have one I know the manager will look into it."

People and their relatives told us they knew how to make a complaint. One person told us "staff are good to me I have no complaint" One relative said "we are happy so far we have no reason to complains".

The home had a complaints policy. The policy explained the procedure for dealing with informal and formal complaints received by the home. A complaints log was kept at the home which we viewed. The log showed that three complaints received since the last inspection were acknowledged and investigated and responded to appropriately. Staff we spoke with knew how to support people to make a complaint or who to direct them to do so.

The provider cooperated with others involved in the care, treatment and support of people who the provider had responsibility for. We found the provider liaised with relevant agencies such as social workers, GPs and the local authority to ensure appropriate assessments were carried out when people were transferred to the service. We saw records showing previous medical history, admission details and personal profiles of people entering the service on point of transfer. This enabled the home to provide appropriate care for the individual concerned.

The registered manager told us the process for transferring people to hospital. This included a hospital admission form with information of their medical details personal details and recent health needs. The records we looked at confirmed this information went with the person. They also showed when people came back from hospital their care plans were updated with any changes that had taken place. The changes were also put in the clinical notes. We saw examples of this in the documents relating to a person's change in their health needs following admission to hospital.

Good

Is the service well-led?

Our findings

The registered manager gathered feedback to monitor quality of the service. People's relatives told us they were often asked by the registered manager what they thought about the home, in particular the food, staff and review of care plans. One relative told us "the home is ran efficiently and the manager lets the staff do their job. They do an excellent job. It is like an extended family. If anyone will ask about a care home in that area I will definitely recommend Alice House".

The provider collated results of the questionnaires that people had completed and the feedback was mostly positive. One comment in relation to review of care plans was "the review was positive. I was particularly impressed with the care plans. They are probably the most person cantered and sensitive set of care plans I have ever seen within the dementia care home". The registered manager told us that they were in the process of drawing up an action plan to identify any issues raised.

The registered manager told us that they held joint relatives meetings for all the three homes owned by the provider to gain the views of the services provided. We saw the last meeting was in November 2014. Minutes of these meetings showed that action was taken to respond to the feedback provided at meetings. There were regular staff meetings and staff were required to sign to confirm that they had read the minutes to update them with any policy updates and changes in the care of the people.

Systems were in place to check that good standards were maintained. Regular checks and audits of care processes were undertaken by the registered manager and provider. These included a care records audit, staffing and health and safety audits. The registered manager was in the process of auditing the accidents and incidents including recent falls This was to check for any trends so that action could be taken to minimise risks to people. The service notified the Care Quality Commission of relevant events and incidents, where required by law.

Records showed that staff were provided with one to one supervision meetings which provided them with the opportunity to discuss the ways that they were working and to receive feedback on their work practice. Records of handover meetings showed that staff discussed the support provided to people who used the service. One staff member told us "the wellbeing of the residents is very important to us. We have to make sure they are happy and we can only do this by knowing them well and individually. We make sure that we provide them with activities that keep them busy and keep the brain active which could help to slow the advancement of dementia". The staff stated that the registered manager was available to give advice and guidance to any staff that requested it and always had "an open door policy."

The provider monitors the risks to people's health and safety to improve the service. Health and safety risk assessments and monitoring tools included fire risk assessment, electrical checks, fire equipment and system checks. These were also recorded as being carried out. Where issues had been identified appropriate action had been taken and recorded to improve the service.

Policies and procedures were available to improve the service. We looked at a number of policies and procedures such as health and safety, complaint and medicines. The policies and procedures gave guidance to staff in a number of key areas. Staff confirmed that they were knowledgeable about aspects of this guidance by signing to say they had read and understood this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People were not protected from the risk of infection because appropriate guidance had not been followed. People were not always cared for in a clean, hygienic environment.