

Mrs Margaret Ann Partridge

Alfred House Residential Care Home

Inspection report

29-31 Horne Street
Bury
Lancashire
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22 February 2016

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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 ●

Summary of findings

Overall summary

This was an unannounced inspection, which took place on 18 and 22 February 2016. We had previously carried out an inspection on June 2014 when we found the service had complied with all the regulations we reviewed.

Alfred House provides accommodation for up to ten people with mental health needs who require support with personal care. Ten people were living at Alfred House at the time of our inspection.

Alfred House is two large adjoining terraced properties made into one. The property is close to Bury town centre. The home has good transport links into Bury and Manchester and there is a park, shops and other amenities close by.

The service had a manager who was registered with us. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager of Alfred House was also the registered provider for the service.

People we spoke with either told us they felt safe at the service. Staff knew what action they must take if they suspected or witnessed abuse or poor practice taking place.

Recruitment processes in the service were sufficiently robust to help ensure the protection of vulnerable people from the risks of unsuitable applicants being recruited.

We found staffing levels were appropriate to meet the needs of people who used the service. Additional staff were provided to support people to attend events such as health appointments and activities outside the home.

No outside agency staff were used by the home. This meant that people who used the service received consistent support from a staff team who knew them well.

There were systems in place to ensure the safe administration of medicines and effective control of infection practices. Staff had received the training they needed to support people safely and effectively.

People told us that they liked the food that was offered. One person told us, "It's lovely." Mealtimes were seen as a social occasion and people were encouraged to eat as a group for meals. People also enjoyed eating out at restaurants, pubs and at 'The Welly' a mental health café in the park nearby.

People had the access they needed to health and social care professionals.

The atmosphere in the service was relaxed and friendly and there was a good rapport between people who used the service and the staff supporting them.

People gave us examples of how staff had gone the 'extra mile' to support them to attend family events some distance away from the home.

We saw that most people were able to come and go from the home as they pleased. People enjoyed taking part in activities such as going to the theatre. Contact with family and friends was encouraged.

There had been no complaints made about the home. All the people we spoke with told us the registered manager and all the staff were approachable and would always listen and respond if they raised any concerns.

We saw that a quality assurance survey had been carried out in October 2015. Questionnaires had been sent out to a people who lived at the home, their relatives and health and social care professionals. All the respondents were happy with the care and support people received at Alfred House. A relative commented, "I am extremely satisfied with [person's] care."

Prior to our visit we contacted the local authority safeguarding and commissioning teams and also the local clinical commissioning group (CCG). They raised no concerns about the care and support people received from Alfred House.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People we spoke with either told us they felt safe and staff knew what action to take if they suspected or witnessed abuse.

Recruitment processes in the service were sufficiently robust to help ensure the protection of vulnerable people from the risks of unsuitable staff being recruited.

There were appropriate systems in place to ensure the safe administration of medicines and effective prevention of infection measures.

Is the service effective?

Good ●

The service was effective.

Staff had received the training they needed to support people safely and effectively and to protect people's rights.

People told us they enjoyed the food that was provided and they also liked to eat out.

People had the access they needed to health and social care professionals.

Is the service caring?

Good ●

The service was caring.

The atmosphere in the service was relaxed and friendly and there was a good rapport between people who used the service and the staff supporting them.

People gave us examples of how staff had gone the 'extra mile' to support them to attend family events some distance away from the home.

Is the service responsive?

Good ●

The service was responsive.

People were offered a wide range of activities to participate in. Contact with family and friend's was encouraged.

People were supported to maintain their independence as much as they were able to do so. People had control over their day-to-day lives and were able to do what they wanted to do when they wanted to.

Is the service well-led?

The service was well led.

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration.

The provider had carried out quality assurance reviews and feedback from people who used the service and health and social care professionals was positive.

Prior to our visit we contacted the local authority safeguarding and commissioning teams and the local clinical commissioning group. They raised no concerns about the care and support people received from Alfred House.

Good ●

Alfred House Residential Care Home

Detailed findings

Background to this inspection

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

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We also contacted the local authority safeguarding and commissioning teams and the local clinical commissioning group (CCG). They raised no concerns about the care and support people received from Alfred House.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

The inspection took place on 18 and 22 February 2016, was unannounced and involved one adult social care inspector. During the inspection, we spoke with eight people who used the service as a group and one person separately, the registered manager, a deputy manager, an administrator and two support workers. We looked at a range of records relating to how the service was managed; these included two people's care records, recruitment files and training records.

Is the service safe?

Our findings

There was a quiet and relaxed atmosphere at the home. People we spoke with told us they felt safe and that they could speak with any member of staff if they had any worries or concerns. The support workers we spoke with told us that they felt safe and comfortable to work at the home alone. They said that they were confident that should they need support from the on-call manager they would get a positive response. One support worker said, "[Managers] encourage you to ring no matter how small the problem is or what it is."

The home had a copy of the local authority safeguarding policy and reporting thresholds. The staff team training matrix showed that all staff had undertaken training in safeguarding adults. The two support workers we spoke with were able to tell us what action they would take if they had any concerns about a person who used the service. They told us they were confident the registered manager would listen to them if they were to raise any concerns.

Support workers were also aware of what action they must take in reporting poor practice on the part of a colleague, also known as whistleblowing. They told us they were aware they could approach the local authority adult care services and CQC if they thought that the registered manager had not taken appropriate action. They told us they had no concerns about the care provided by the home.

We looked at the recruitment and selection procedures for the newest member of staff who had come to work at the home. We saw that systems were in place that met the requirements of the current regulations, which included a criminal record check. Records also showed that a pre-employment medical questionnaire, references, identification and an application form had been completed.

The registered manager told us that there was a stable staff team in place and that the team worked well together. Outside agency staff were not used by the home to ensure that people received good continuity of care from staff who knew them well. Support workers told us that they thought there were enough staff on duty to support people who used the service. From our observations, there were sufficient staff on duty throughout the day to meet people's needs. The rota showed that if additional staff were needed to support people to attend a health related appointment or an activity they would be provided.

We saw on the records that we looked at that there were assessments in place covering a range of individual risks for people. Risks included, for example, ways of minimising anxiety to prevent the escalation of behaviours that might challenge the service, to any allergies the person may have.

We saw that maintenance checks had been undertaken, for example, gas safety and portable electrical appliances and were valid. Since our last inspection visit a new central heating boiler and hot water tank had been installed at the home.

We saw records to show that the fire alarm system was serviced every three months and a weekly test of the fire alarm was undertaken. The last fire drill was undertaken on 15 November 2015. Where a person required specialist equipment because they could not hear the fire alarm, specialist equipment was in place. Some

staff had received fire training at the local fire station.

Personal emergency evacuation plans (PEEP's) were in place and easily accessible in the event of an emergency. There was also a 'PEEP's bag' in place that contained any other equipment that staff may need, for example, a high visibility fire marshal's jacket and a torch.

We saw that the home was clean and tidy throughout. Support workers told us that they had access to disposable gloves and aprons to use when carrying intimate care tasks to help reduce the spread of infection. We saw that information was available that directed staff as to what action they must take in the event of an outbreak of infection.

We saw in the kitchen and bathroom there were paper towels and liquid hand wash for people to use to help prevent the spread of infection. At the time of our inspection visit the laundry, which was in the cellar, had been affected by the recent floods. Arrangements were in place for all laundry to be dealt with by an outside contractor.

People we spoke with confirmed that they always received their medicines on time and they never ran out of medication. The staff training record showed that staff had received training in the administration of medicines. We saw on the staff personnel file we looked at that the staff member had been monitored administering medicines to check they were doing so competently.

We saw that medicines were stored securely in the office. We saw that there was guidance available to staff on how to give medicines, which included that the door was closed on administration to promote people's privacy. Medicines were supplied to the home in a monitored dosage system (MDS). Medication administration record sheets (MARs) contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person.

There were no controlled drugs being used by the home. We were also told that no-one was being given their medication covertly, which means without their knowledge and consent. None of the medicines being used needed to be stored in a fridge. No 'as required' medicines were being used for the management of people's behaviour. Over the counter medicines were not used by the home unless the medicines had authorised by the person's doctor.

We saw that arrangements for the use of an 'off-licence' medicine were in place. The necessary health checks associated with this medicine were undertaken at the local hospital to ensure that the people concerned were not experiencing any adverse physical health effects.

Is the service effective?

Our findings

We looked at the records of a person who had recently moved into the service. We saw that the registered manager had carried out an assessment of the person before they moved into the home to ensure they could meet the person's needs. There was also a copy of an assessment that had been carried out by a community based professional and the person's mental health review. The person concerned told us that they had been made to feel welcome by people at 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. MCA 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 and hospitals 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.

Information about the MCA and Deprivation of Liberty safeguards were available to staff and records showed that staff had received training. At the time of our inspection visit there was one DoLS authorisation in place where a person was not able to leave the home safely without support. We saw that the authorisation documentation was available on the person's care records.

The majority of the people living at the home had the capacity to make decisions about the care, support and treatment they received. It was recognised that some people had fluctuating capacity depending on changes in their mental health needs. When we talked with people as a group they confirmed that they were not forced to do anything that they did not want to. Support workers told us, "They would tell you if they did not want to do anything."

We saw documentation to show that meetings had been arranged where there were concerns about whether a person's best interests were being respected. Information we saw showed that healthcare professionals, the person's relatives and the home had all been involved in decision making to ensure any actions taken were in the best interests of the person concerned.

There were no major behavioural management concerns at the home at the time of our visit. The staff we spoke with told us that they knew people well which enabled them to spot small changes in behaviour or triggers that might be an indication that their mental health might be deteriorating. This meant staff were able to act quickly to provide the support each person may need and avoid hospital admissions wherever possible.

The three managers held the Registered Manager's Award and Level 4 in health and social care

management. All the staff team had achieved National Vocational Qualification (NVQ) Level 3 in care except for one who held Level 2. The staff team training record also showed that staff had received basic training in food hygiene, moving and handling, fire safety, infection control, safeguarding, MCA and person centred care.

We spoke with two support workers. They spoke positively about working at the home and the support they received from the managers at the home. They said they received regular supervision from their named manager. We saw that this was the case on the staff personnel records that we reviewed.

We saw that there was a verbal handover at shift changes and that a daily handover record was maintained, to show what tasks had been completed and what needed to be done. For example, that people's care records had been updated and they had been given their medicines.

We talked with a new support worker who was able to draw comparisons with other services that they had previously worked at. They said, "I get a lot more support here. It is better organised and we have time to support people. It is just the opposite of what I have experienced before" and "[The registered manager] is very calm. I have learnt a lot from her and I am still learning. I enjoy coming to work." We saw on their personnel file that they had undertaken an induction training programme.

At lunchtime, we talked with eight people who used the service as a group. They told us they were happy with the food provided. One person who used the service said, "It's lovely." People also told us that they also enjoyed having a 'chippy' meal and takeaway on occasion.

Mealtimes were seen as an opportunity for people to socialise with each other. People were encouraged by staff to eat their meals together. Menus showed that people enjoyed meals such as curries and pasta and ideas for the menu were discussed at residents meetings, for example, introducing a 'full English breakfast with black pudding'. It was evident from discussion that the opportunity to eat out was very important to people.

We saw that the kitchen was clean and well stocked. Drinks were available for people to access at all times.

We discussed with the registered manager in more detail three people whose physical and mental health needs had changed and what action had been taken to support people. Where there had had been a change in the physical health needs of a person the appropriate health care professionals had been involved, for example the dietician and continence nurse. The home had also implemented a healthy diet and a daily walk had led to a reduction in health related problems.

The registered manager informed us that all but one person who lived at the home had either, a named psychiatrist, community psychiatric nurse (CPN) or social worker should they require additional support. A psychiatric review was carried out yearly for most people to check that there had been no change in their mental health. Where emergency treatment was required hospital admissions were arranged.

We saw that a best interest meeting was to take place about medical treatment a person needed where there was a difference of opinion of the relevant people involved.

Since our last inspection visit, a defibrillator had been purchased and some staff had received training on how to use it. Nobody who lived at the home had a DNAR CPR (Do Not Attempt Resuscitation) order in place.

Is the service caring?

Our findings

During our inspection, we observed the atmosphere in the service was relaxed and friendly. The majority of the people who lived at the home had done so for a long time. The people we spoke with told us that the group got on well together most of the time.

None of the people who we spoke with raised any complaints about the staff. We observed that there was a good rapport between people who used the service and the staff supporting them. A support worker told us that the registered manager of the home actively promoted supporting people with activities and talking with them.

From discussions with staff and from what we observed staff demonstrated that they knew the people they were supporting well and could tell us a lot about the people we discussed.

During our visits everyone we saw appeared well dressed and cared for. We saw that people were able to come and go as they pleased. Most people had a key to their bedroom to ensure their right to privacy was maintained and their belongings kept safe.

When we talked to people as a group some were able to give us examples of when staff had gone the 'extra mile'. These were to support people to attend family events that were being held some distance away from the home. One person told us about how they had been supported to attend a family wedding by the registered manager which involved a difficult journey. Other people had been supported to attend family funerals.

We saw in the residents meeting held just before Christmas that people who used the service and staff had talked about what they could do to support two people who were in hospital over the Christmas period. It was decided that they would make sure that they had chocolate. People's birthdays were celebrated often by a meal out.

We saw that the home had adopted two cats. Some people living at the home had taken responsibility for the care and welfare of the cats, which they enjoyed.

We saw that people's wishes at the end of their life were discussed with them. One person had commented, "It is too far ahead for me to think about. I am too young."

Is the service responsive?

Our findings

People we spoke with who were able told us that they were aware that they had care records and staff talked to them about them. We looked at two care records and daily notes for people who used the service.

We saw that each person had a care plan in place and risk assessments had been carried out. People had also completed, with support from staff where necessary, a person centred form. This was included information that was important to them, for example, their preferred daily routine, food and drink and activities. The document was reviewed with the person every year or more frequently if changes occurred. Support workers told us that care plans were always up to date.

The majority of people told us they liked to do their own thing but also liked to go out as a group. People who lived at the home had always liked to eat out. Recently the registered manager had started to introduce trips to the theatre and a meal out. The trips to the theatre had proved very popular and included, Thriller, Cinderella, The Bodyguard, Oliver, Annie and a comic male ballet. The registered manager said people talked about the productions for some time after the event and that they looked forward to the next one.

People told us that they had enjoyed a Christmas meal out and some people had also gone to visit the Christmas markets in Manchester. Other trips out included going to the pictures and a recent visit to the Coronation Street set. One person had a longstanding job.

Since our last visit to the home a new 'mental health' café called 'The Welly' had opened up in the nearby park and was very popular with people who used the service. Some people were able to access the café independently for lunch. It gave people the opportunity to get out and about, to meet with friends and have access to other support workers who were independent from the home.

Inside the home people did what they liked to do, for example, watching television, particularly quiz shows, listening to music and playing computer games. Books, board games and adult colouring books were also popular. We were told that people had recently taken to turning the large dining table into a table tennis table so that people could play 'ping pong'. We were told that this could be quite competitive. Some people were also able to play an electronic piano. Plans were in place to secure an allotment for people to use.

Going on holidays were also important to some people who used the service. Group holidays abroad had taken place in the past and had been very successful and enjoyable. However, the registered manager recognised that people's needs had changed and now not everyone wanted to go on holiday and some people wanted to go in smaller groups. A support worker told us about a recent holiday to Blackpool supporting two people who used the service.

People were supported to maintain their independence by undertaking some household tasks, for example, keeping their rooms clean and tidy. One person took responsibility for taking care of parts of the garden and the rear yard. The yard area was beautifully set out and a pleasant place to sit as was the conservatory. Wherever possible people who lived at the home were encouraged to maintain contact with their family and friends. Some people went to stay overnight at their family home others through telephone calls or their

family visiting the home.

People we spoke with told us they had no complaints. They knew they were able to speak to the registered manager or any of the staff if they had any worries or concerns and they were confident they would do their best to sort the problem out. The registered manager told us there had been no formal complaints received about the home since our last inspection.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. The registered manager was also the registered provider of the home.

Services which are registered are required to notify the Care Quality Commission of any incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the registered manager for this service had done this appropriately when required.

Prior to our visit we received we had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service and gave detailed information about the service.

Before our inspection visit we contacted the local authority safeguarding and commissioning teams and the clinical commissioning group (CCG) concerns. They raised no concerns about the care and support people received from Alfred House. Our internal intelligence information showed that there were no presenting risks at the service.

The registered manager was a registered mental health nurse with over thirty years' experience of supporting people with mental health needs. The home also had two deputy managers and an administrator who supported the registered manager in the running of the home.

People who used the service and the support workers we spoke with during our visit told us that the owner and the deputy managers were supportive and approachable. They said they were encouraged to speak with them about any concerns or worries they had. The registered manager valued the importance of supporting the staff team to deliver good quality care. They said they did their best to ensure that they praised all staff for the work that they carried out in supporting people who used the service.

The registered manager was visible and available for people who used the service to speak with throughout both our visits to the home. The registered manager worked directly with people on a day to day basis and knew them well. The people who used the service and staff spoke highly of the registered manager. They said that they were approachable and supportive.

A full staff meeting was held approximately every three months. The last meeting took place in November 2015. Staff meetings gave staff the opportunity to raise any concerns they have about the service or ideas for improvement. Agenda items included a discussion about, activities, cleaning and laundry and the outcome of a recent fire drill.

The registered manager carried out spot checks regularly at different times to check that standards were being maintained. A wide range of policies and procedures were available for staff to refer to.

We saw that a quality assurance survey had been carried out in October 2015. Questionnaires had been sent out to a people who lived at the home, their relatives and health and social care professionals. All the respondents were happy with the care and support people received at Alfred House. A relative commented, "I am extremely satisfied with [person's] care."