

Weatherstones House Care Limited

Alfreton Residential Home

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Alfreton Residential Home on 25 August 2017. Alfreton Residential Home is a detached three-storey house with a large back garden. The home is registered to provide accommodation for up to 16 people who require nursing or personal care. At the time of our visit the service was providing support for 12 people.

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. There was a registered manager in post, they had been registered since January 2015.

All medication records were completely legible and had been signed for, however it was identified that a staff member had signed for medication they had left for staff to be administered by a different staff member at a later time. All staff giving out medication had been trained in medication administration.

All six people we spoke with said there was not enough going on with regard to activities and we were told that although the food was good and nutritious the choice of food was limited due to confusion about what choices had been made and what was available.

People who lived at the home were happy there and held the staff in high regard. They said they were well looked after. People told us they felt safe at the home and had no worries or concerns. From our observations it was clear that staff cared for the people they looked after and knew them well. People and relatives we spoke with said they would know how to make a complaint. No-one we spoke with had any complaints. The service was caring and people and their relatives confirmed this to us. The service was responsive to people's individual needs and made sure any concerns were addressed.

We reviewed three care plans, these provided sufficient information on people's needs and risks and guidance to staff on how to meet them. Regular reviews of care plans took place to monitor any changes to the support people required.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The registered manager told us that DoLS applications had been submitted to the Local Authority for some people.

Infection control standards at the home were good and standards were monitored and managed. Maintenance records were up to date and legible, this meant the home was a safe environment. The registered manager had systems in place to ensure that people were protected from the risk of harm or abuse.

Staff were recruited safely and there was sufficient evidence that staff had received a proper induction or

suitable training to do their job role effectively. The majority of staff had been supervised in their role.

The home had quality assurance processes in place including audits and quality questionnaires. The home also had up to date policies in place that were updated regularly. The registered manager regularly checked the quality of care at the home through audits.

The majority of people we spoke with felt there was always enough staff on duty and during the inspection there was sufficient staff on duty to ensure peoples care needs were met.

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 always safe

Medication was not always safely managed.

Appropriate recruitment, disciplinary and other employment policies were in place.

We saw that people's individual risks were identified and appropriate care plans were in place.

Is the service effective?

Good ●

The service was effective

People were given enough to eat and drink to meet their dietary needs, however people said there was little choice of meals.

Staff were appropriately inducted and regularly supervised in their job role.

The registered manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made appropriate referrals to the local authority.

Is the service caring?

Good ●

The service was caring

Staff made every effort to ensure people's privacy was respected when care was delivered.

People said they were treated with dignity and respect.

Confidentiality of people's care files and personal information was respected.

Is the service responsive?

Requires Improvement ●

The service was not always effective

There was an absence of regular meaningful activities with in the

home.

We looked at three care plans and each person had a care plan that meet their individual needs and risks.

We saw people had prompt access to other healthcare professionals when required.

Is the service well-led?

The service was not always well-led

Aspects of the service such as medication administration, activities and meal choice needed improvements.

There was a registered manager who had an active role at the home in respect of people's care and the support of staff.

The registered manager was clearly visible and staff said communication was open and encouraged.

Requires Improvement 

Alfreton Residential 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.

This inspection took place on 25 August 2017 and was unannounced. The inspection was carried out by one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with six people living at Alfreton Residential Home and with two relatives and visitors. We also spoke with a visiting health professional. We talked with three staff on duty including ancillary staff. We also talked with the registered manager.

We observed support for the majority of people who lived at the home. We reviewed a range of documentation including care plans, medication records, records for three staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Is the service safe?

Our findings

We spoke with six people who lived in Alfreton Residential Home they all said they felt safe at all times. One person said "I even have a buzzer round my neck when I go outside for a smoke, I feel safe always." Both of the relatives we spoke with were happy that their family members were in a safe environment. . One relative told us "My life's improved because I know when I leave her she is safe".

We checked a sample of three people's medication administration records (MAR) to ensure they corresponded with the medication left in people's monitored dosage system. We found that people's MAR's showed that people's medications had been administered accurately. The MAR's were well maintained however we identified that a staff member had signed for medication they had left to be administered by a different staff member at a later time. The staff member administering medication should not sign medication administration records unless they observe the person has taken the medication. This was immediately brought to the registered manager's attention who assured us that this would be investigated and dealt with.

We observed medication administration. This was carried out safely, the drugs were administered appropriately and people were observed taking them. There was a drug trolley which was secured and measures were in place to ensure the safety of the controlled drugs cupboard.

We viewed three staff recruitment files and found that all the appropriate recruitment processes had been followed and that checks had been made. All files contained two references, proof of identification and had appropriate criminal records checks on each person. However, some staff had had their criminal records checks carried out sometime ago and the home had a process where the staff signed a self-declaration to say nothing had changed on their criminal record checks. This had not occurred, so was brought to the registered managers attention who informed us that this was to be actioned immediately.

We saw that the registered manager had designed and implemented a 'Welcome to our home' fact sheet for new staff and agency staff. This included important condensed information about the home and the people living there. The fact sheet contained safety information, evacuation information and an overview of each person living in the home.

The majority of people we spoke with felt there was always enough staff on duty and all had their call bells answered promptly. Only one person said they felt the staffing at night was not adequate "I ring my call bell at night and you very often have to wait because there may be a few in the queue. Sometimes they come and say they will be five minutes then don't re appear". One relative told us "Generally they seem to be ok with staffing, it's when someone rings in sick that they seem to struggle". The registered manager told us that she sometimes had to support care staff if they were short staffed but the frequency of this had reduced and they told us they were sufficiently staffed for the most part.

We looked at the records relating to any safeguarding incidents and we saw that the registered managers maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any

people who lived in the home and had made the required notifications to CQC. However we saw that not all injuries had been reported to CQC. This was discussed with the manager who informed us that this would now change.

We looked at a variety of safety certificates that demonstrated that utilities and services, including gas, electrics and small appliances had been tested and maintained. We saw that other checks had also been regularly completed such as fire alarms, fire extinguishers, emergency lighting and water temperatures. We also saw that the home had carried out regular fire drills so that the staff and people living in the home knew what to do in an emergency.

We noted that risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, continence and nutrition and that plans had been put in place to minimise risk. These had been reviewed on a monthly basis.

Staff wore appropriate personal protective clothing when assisting with personal care and appropriate antibacterial soap was available throughout the home to assist with infection control. Infection control audits were completed fully and deep clean processes were clearly logged. The home was clean with no offensive odours.

Is the service effective?

Our findings

When we asked people if they thought the staff had the appropriate skills or knowledge to deliver an effective service, everyone said yes. The relatives we spoke to said their family members had a good quality of life. One said "Yes, she's had an improvement in her quality of life since coming to Alfreton. She used to wander round aimlessly but that's stopped and she's engaging with people much more" And the second relative told us "Mum's got an excellent quality of life here, she's always happy".

At the time of inspection the home employed 16 staff including the registered manager. We looked at three staff files that showed all had attended and passed induction within the first three months of employment. We also saw that most staff, including ancillary staff attended all required training, this included safeguarding, moving and handling, first aid and fire safety. We saw that some training was to be updated and the manager was able to tell us about training updates they were planning. We saw that 11 staff had achieved their Diploma in Health and Social Care. There was also evidence of a robust supervision system in place for the staff group and supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

The staff in the home had also accessed the 'House of Memories' to ensure they followed best practices when supporting people with dementia. House of Memories is a museum-led dementia awareness programme which offers training, access to resources, and museum-based activities to enable carers to provide person-centred care for people living with dementia.

We asked people and their relatives about the food. All six people we spoke with said that the food was excellent. However one person told us "It's lovely. We don't get a choice but whatever I get given I eat and enjoy" and another person told us "It's very good food but no choice, we eat what we are given. I suppose if you asked you would be given something different". Both relatives we spoke with told us that the food always smells and looks good and one relative said "Mum really enjoys the food but I don't know if she gets any choices." The other relative said "The food seems good but Mum does not get a choice. They do not offer alternative things like a yogurt opposed to a pudding which is all my mum would like". On speaking to the registered manager we were told that the home had changed the way the food was presented to people as it had become confusing at mealtimes for people who had dementia and who had forgotten their choices. We discussed different ways food choices could be made available to people and the registered manager assured us that this would be reviewed.

Everyone we spoke with told us that they got plenty of snacks and drinks throughout the day but were not offered a milky drink in the evening, it was just tea. All said they could choose whether they had meals in their rooms, the lounge or the dining room.

We saw that people's nutritional needs were assessed and their dietary needs, likes and dislikes were known by the cook on duty. We saw that each care plan contained a nutritional risk assessment and care plan that had been updated on a monthly basis and peoples weights were monitored regularly. This meant that staff

could refer people to GP's or dieticians if they identified any significant changes in people's weights.

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 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. It was clear that the manager had a full and detailed understanding of the MCA and its application.

We looked around the home and saw that people had been able to personalise their bedrooms and we were told by one relative how the home had adapted a person's room to suit their needs. Eight bedrooms had en-suite facilities. There was a large attractive garden for the benefit of the people living in the home that was nicely kept. One person told us "The managers are always doing things like decorating and try to make it more of a home from home".

Is the service caring?

Our findings

Each person we spoke with told us that they were treated with dignity and respect when supported with care. All said there were only female carers at present but they didn't mind who helped them. Comments included "They are brilliant and always respect my wishes. Today I am not dressed and that was my choice and they have not tried to make me dress" and "The staff help me wash and dress and they treat me with dignity". We asked if people were encouraged to be independent and we were told yes, with one person saying "I wash and dress and care for myself. The staff are happy that I remain independent. However they do all my washing and ironing which I like".

We asked people and their relatives if the staff were caring. Both visitors and people we spoke with said overwhelmingly how kind, considerate and polite all members of staff were. One person said "They are extremely kind, caring and very helpful. They are marvellous and I don't want to leave here". One relative said "They are kind, caring and patient" and "The staff treat my mum with dignity and respect and give her full support washing and dressing". Both visitors said they know all the staff by name.

We saw that staff throughout the day were respectful and discreet when supporting people with personal care. During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner.

We looked in the entrance area for any information about the home. The manager sent us 'Client Guide' that was available for people and families. This held information that included facilities, services and staff. Relatives told us that there was always communication between them and Alfreton Residential Home and they felt they were updated if necessary.

No one living in the home was receiving end of life care at the time of inspection. The home had completed the "Six Steps" programme with the focus of this being care in the last six months of life. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way. On discussion with the Wirral Community NHS Foundation Trust we found that the home had lapsed with their registration and had implemented their own action plan.

We observed that confidential information was kept secure either in the office or medication room. This protected people's right to confidentiality.

The home had previously held meetings with relatives and people living in the home but informed us that they were so poorly attended the registered manager had changed the way the home communicated with relatives. One relative told us "They use to have them when mum first came in but they were a waste of time as no one attended them". The registered manager told us how they spoke to relatives when they visited and that they received more feedback when they had informal 'chats' with people living in the home. There was no formal documentation to support this, however when we spoke to people they told us that they would happily speak to the manager and the staff regularly.

Is the service responsive?

Our findings

There was no activity co coordinator and the registered manager told us that the carers do activities when they have time. The home had started a knitting club which was very popular. All six people we spoke with said there was not enough going on with regard to activities. Comment we received included "I take part in any activities offered but there aren't many", "There are not enough activities, it's boring", "I like it when the singers come in but that's not often" and "The knitting is good. It's the only activity we do, nothing else on offer". Everyone said they had a good quality of life however one person told us "I am looked after but bored here. Nothing much goes on". We saw that the home had external singers come into the home but no other regular activity. This meant that people were not regularly engaged, this could have an impact on their social interaction and mental stimulation.

People we spoke with were satisfied with the way care was provided, told us that they could not fault the approach of the staff and felt listened to. They told us that they would certainly be able to express concerns about the service if they had any and the majority of people said they knew who to complain to if there was a problem. Both relatives we spoke with told us that they had no complaints with one relative telling us "Any issues at all just go to the manager".

Visitors were welcomed at all times and were free to stay for as long as they wanted and were treated in a friendly and warm manner by the staff. We were told that there were no visiting restrictions but to avoid meal times where possible. Visitors said they were always offered refreshments.

We looked at the complaints procedure and saw that it was clear and comprehensive. We looked at the complaints log and we saw complaints had been responded to and resolved and there was a clear audit trail of the actions taken.

Individual care files were in place for people living at the home. We looked at three care files and saw that they contained an assessment of the person's needs. A series of assessments had been carried out and reviewed monthly to monitor the person's health and welfare. This helped to identify any information that requires updating or additional support the person may need. This included assessments of their risk of falls, dependency levels, nutritional needs and personal care needs. We saw how the monitoring of a person led to referrals to the falls team.

Each person we spoke to said that their family looked after care plans and that they didn't get involved. However each person said their care was person centred, one person told us "It suits my needs" and another person said "It's a better life than I have ever had". We were also told "I have been able to bring my aviary and have it situated in the garden. I have brought my 10 birds along and I spend time feeding and watching them, I am pleased I was allowed to do this". We asked the relatives if they were involved in people's care plans and were told "The care plans are just on-going and not actually formally reviewed" and "I sit down about once a year for a formal update on the care plan".

We saw that the service had clear referral systems to other agencies when the needs of the people changed.

Each person we spoke with felt they got the right medical care and was happy with the facilities. We spoke with other health professionals about the home and we were told by a visiting district nurse that the communication with the home was good, that they made appropriate referrals and that they highlighted problems in a timely manner.

Is the service well-led?

Our findings

The home had a registered manager who had been in post since January 2015. The registered manager understood their responsibilities in relation to the service and registration with CQC and regularly updated us with notifications and other information. We spent time talking to the registered manager who told us how committed they were to providing a quality service. Records were well maintained at the service and those we asked to see were located promptly. However we had identified concerns relating to medication administration, people's perception of their meal choices and lack of meaningful activities.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The manager and the staff had a clear understanding of the culture of the home and the manager was able to show us how they worked in partnership with other professionals to make sure people received the support they needed. The registered manager was able to tell us that they were supported by the provider and that they regularly attended managers meetings where they received peer support. The registered manager had recently completed their Level 5 qualification in Health and Social Care.

We saw that the registered manager actively undertook a range of quality assurance processes to ensure the quality of the service, examples being audits of medication, care plans and environment. The registered manager had a system of manager's audits that were carried out weekly and monthly. Surveys had also been carried out regarding food and environment. These were carried out on an annual basis. On relative said "I do remember I filled a questionnaire in but can't remember when". This showed that the provider sought and valued people's opinions and suggestions about the service provided.

All people and relatives we spoke with knew the registered manager by name and everyone said she was approachable and all felt she would act if they made a complaint. When asked about the atmosphere in the home and people living in the home and their relatives were positive. Comments included "The staff make the atmosphere in the home, it's very friendly", "It's a very happy atmosphere in the home, I love living here", "The atmosphere in the home is very friendly and I have plenty of people to chat with" and "Its wonderful here. I do not want to live anywhere else, I chose this home myself".

Staff had access to policies and procedures on areas of practice such as data protection, safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance. The staff and manager shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. We asked staff if they felt supported in their role and we were told yes. The manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well and that the staff were well supported to carry out their responsibilities.