

Alston Court

Alston Court Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Alston Court Residential Home (Alston Court) took place on the 22 and 23 June 2017 and was unannounced. This is the service's first inspection since a change of ownership on the 5 January 2016.

The service provides residential care for up to 11 adults with a learning disability. They may also have a physical disability, autism and a sensory impairment. Ten people were registered to live at the service when we inspected. Six people were resident on the first day as four were on holiday. The four people returned from their holiday on the second day we were there.

A registered manager was employed to manage the service. 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.

People told us they were safe and happy living at Alston Court and were looked after by staff who were kind and treated them with respect, compassion and understanding. All staff expressed a commitment to values of providing good care and to continue to improve the service. This was led from the front by the registered manager and provider.

People were in control of their care. People's medicines were administered safely and they had their nutritional and health needs met. People could see health professionals as required. People had risk assessments in place so they could live safely at the service. These were clearly linked to people's care plans and staff training to ensure care met people's individual needs. People's care plans were written with them, were person centred and reflected how people wanted their care delivered.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff promoted people's rights to be involved in planning and consenting to their care. Staff followed the principles of the Mental Capacity Act 2005. This meant people's human rights were upheld.

Activities were provided to keep people physically and cognitively stimulated. People were actively involved in how they wanted their day to be.

The provider and registered manager ensured there were systems in place to measure the quality of the service. People and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. There was close communication between the provider and registered manager but this was not recorded. They were looking of ways to record this and to ensure the service continued to meet people's needs as they aged.

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 told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff trained to meet their needs.

Staff understood the Mental Capacity Act 2005 and were aware of the need to assess people as needed. Staff always asked for people's consent and respected their response.

People's nutritional and hydration needs were met.

People had their health needs met.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who treated them with kindness and respect.

People spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People were in control of their care and staff listened to them.

People said staff protected their dignity.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place to reflect their current needs.

Activities were provided to keep people physically, cognitively and socially active in their home and local community.

People's concerns were picked up early and reviewed to resolve the issues involved.

Is the service well-led?

Good ●

The service was well-led.

People were active in saying how they wanted the service led.

The registered manager and provider oversaw the service to ensure it provided a good service and involved people in this.

People and staff felt the registered manager was approachable. The registered manager had developed a culture which was open and inclusive.

Staff said they could suggest new ideas.

There were contracts in place to ensure the equipment and building were maintained.

Alston Court 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.

The inspection took place on the 22 and 23 June 2017 and was unannounced.

The inspection was completed by one inspector and an 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.

Prior to the inspection we reviewed our records, including their registration report, and the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the first day of the inspection we spoke with the six people resident. Staff supported us to speak with people with special communication needs so they could tell us their view of the service too. On the second day we ate our lunch with all present which included the other four people.

We read the care records of three people and spoke with them where we could and staff about how they met their needs. We observed how staff and people related to each other.

We reviewed three staff personnel records, spoke with five staff and saw all staff training records. We met one of the providers on the first day and the registered manager was available throughout the inspection.

Is the service safe?

Our findings

People felt safe living at Alston Court. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. One person who communicated with us with the help of a staff member emphatically indicated they were well looked after and felt safe.

"I feel safe here" was a statement made by all the people when we talked with them. One person said, "I feel safe and secure here and the staff look after me well". If they were concerned about any safety issues they all said that there were always staff available to answer their questions. If they were concerned about anything at all they could approach the registered manager and the owners who visited at least three or four times per week. "I feel comfortable with the new management" one person said, knowing the new management had been in charge for 18 months.

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. People said the staff were frequently sent on training courses to ensure their safeguarding and that this training helped them to feel safe. Staff said they would listen to people or notice if people's physical presentation or emotions changed that may be a sign something was wrong. Staff would pass on concerns to the registered manager or deputy manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies, such as CQC, if they felt concerns were not being addressed.

People's finances were kept safe. Money was kept secure and money signed in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited.

Risk assessments were in place to support people to live safely at the service. People had risk assessments completed which were up to date. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people to mitigate the risks people faced. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing and staff training.

The risks to people were changing as they became older. One person was now identified as a risk of choking and steps had been put into the care plan to manage this with the support of SALT and one to one care and support. Staff were observed in meeting this need and keeping the person safe. However, a choking risk assessment had not been completed. We discussed this with the registered manager along with the changing risks for people as they aged. This included the need to be mindful of people's risks in respect of skin ulcers, falls and others as they arose. The registered manager started to look at putting these risk assessments in place in advance of these risks arising.

Personal Evacuation Plans (PEEPs) were in place. The service had a contingency plan in place to ensure people were kept safe in the event of a fire or other emergency. However, this was not written down. The registered manager started to look at how to do this during the inspection. Risk assessments were in place

to ensure people were safe when moving around the inside and outside of the building.

People were supported by a sufficient number of competent staff to meet their needs and keep them safe. Staff told us they felt there were enough staff on duty to enable them to meet people's needs. Staffing for some people was flexible so their needs could be responded to immediately when they required support from more staff. The registered manager confirmed they reviewed staffing numbers regularly, based on people's needs. People received consistency in care from staff they knew well.

Staff were recruited safely. The registered manager ensured staff had the necessary checks in place to work with vulnerable people before new staff started in their role. All prospective staff completed an application and two interviews. Staff told us recruitment of new staff was thorough. In this process, prospective staff's attitude and values were assessed alongside any previous experience. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role. One person said, "The staff are stable since the management changed last year."

People said the staff ensured their medicines were available and dispensed in accordance with their care plan. The manager ensured one person living with diabetes had meal breaks in line with their treatment plan. Two people confirmed they had been asked to consent to their meds and been involved in a risk assessment.

People's medicines were administered safely. People's medicines were administered on time and as prescribed. Medicines were managed, stored and disposed of safely. People who had been on holiday had their medicines as usual. These were taken with them by staff and booked back in when they returned. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had all entries completed. Hand written MARs were not signed by two staff in line with guidance to ensure they were accurate. The registered manager acted to put systems in place to address this during the inspection. Clear direction was given to staff on the precise area prescribed creams should be placed and how often. Staff kept a clear record to show creams were administered as prescribed. The provider's medicines policy did not address all areas in line with current guidance. The correct guidance was printed off and made available with the registered manager and deputy manager addressing this before the inspection ended

Is the service effective?

Our findings

Staff were trained to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service. For example, training in supporting people with diabetes and epilepsy. Training was continually reviewed for all staff to ensure they were having the training essential to their role. For example, the registered manager was looking to ensure staff were trained in advance for people whose needs changed as they were becoming older. Training in the needs of people living with dementia was also now included.

One person said, "Staff are always on courses and are well trained".

Staff were supported to gain qualifications in health and social care. Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager.

Staff told us alongside formal times to meet with the managers, "They are always available to us all; any concerns or struggles we can just ask for support and it is given to us." Another staff member said, "We are currently being trained for a person who is coming back to us who has been away as their needs changed; when we need extra training we get it."

New staff underwent an induction when they started to work at the service. New staff shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. The progress was reviewed with new staff to offer any support and advice as required. The service had introduced the Care Certificate. The Care Certificate has been introduced to train all staff new to care to a nationally agreed level.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the MCA. They and all staff had attended training. The 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.

The service had maintained that people had the right to consent to their own care and treatment and had provided the support necessary to enable this to happen. Having a learning disability was not seen as a barrier to consent. Staff knew people well and how they communicated. For one person this was by the use of Makaton (Makaton uses signs and symbols to help people communicate) and for others by reading body

language, facial expressions and checking out with people by simple questions. However, one person had now been diagnosed with dementia and had reduced ability to consent. Staff had recognised this person's usual communication had been affected and were moving towards a formal MCA assessment for this person to ensure they were able to recognise when they were acting with their consent and when this required a best interests decision. Staff were mindful this was likely to become more prevalent as people were ageing.

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). The registered manager and staff ensured everyone had the same freedoms as the general population. They had risk assessments and guidance in place to support people in their care to be safe. Following the Supreme Court ruling in 2014 which involved people with a learning disability, the registered manager had applied for DoLS on behalf most people. One DoLS had been approved and the others were awaiting authorisation by the local authority designated officer. We discussed this with the registered manager in that the person had to be subject to continuous supervision and control and not free to leave. Also, as it was felt not everyone who had submitted a DoLS was lacking capacity and were going to discuss this further with the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace.

People had their nutritional and hydration needs met in a personalised way. Staff looked for creative ways to ensure people had enough to eat and drink. Meal times and drinks were flexible and given as needed, people were encouraged to eat together but could eat when and where they liked. Staff prepared the meals but people were encouraged to help and influenced the meal choices. People could have snacks and drinks when they wanted to have them. People who could not help themselves were supported by staff to have regular food and drinks. One person said, "The staff will get drinks if I need a hot one as I cannot lift the kettle". During the lunchtime meal staff engaged with people and conversation flowed well and was enjoyable. The quality of the food looked good and nutritious.

People's likes and dislike were sought from them or from getting to know people. People's special dietary needs were catered for. People's food and fluid intake was carefully recorded and monitored. Any concerns were acted upon immediately. For example, when it was noted one person was observed by staff to eat too fast and was risk from certain foods they were referred for assessments. The guidance given was then followed to support the individual person eat safely.

People had their healthcare needs met. People confirmed their consent was obtained by staff before healthcare support was sought and given by staff. If medical opinion was required, appointments would be made at the GP surgery quickly and people would be supported to attend with a member of staff. During the first day of the inspection one person had possibly been bitten on the leg by an insect the day before and an appointment was made to see the GP to check this out. In the meantime staff kept an eye on the injury to make sure it was not getting worse and ensured the person was made comfortable.

Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People had hospital passports in place to help medical professionals understand them. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment. The service was aware that many more people were approaching 50 and would be asked to attend health related examinations and tests. Staff were discussing and planning how best to support people and work with health professionals so people could access these universal screening services without worry.

Is the service caring?

Our findings

The service felt like a home. The theme of the service "being a family" was shared by people and staff. People we met and spoke to had all been there over 14 years and two for 20 and 25 years respectively. One person said, "The staff treat me really well and have changed my life. I love them all so much. They are like a family to me". The atmosphere was calm and people were observed to be happy in the company of staff. We observed some very friendly and compassionate care. One person who had lived there for 14 years said, "This place is a palace and has given me a lot of independence. I get good support from the staff". People were encouraged to support each other and people were observed chatting easily with each other. Friendships and mutual respect were in place between people and supported by staff. On the first day of the inspection, people spoke of how much they were looking forward to the people and staff coming back from their holiday. When they returned on the second day, they were welcomed with obvious regard and keenness to hear about how their holiday had gone.

People were encouraged to be as independent where possible and staff provided the necessary support or equipment required to maintain this. Respect for the privacy and dignity of people was very evident. One person said, "We all have our privacy and dignity" and another, "This is Home Sweet Home". A third person said, "The staff give me confidence. They are the kindest people I know". We observed staff were discreet when delivering personal care with offers of care in public areas, offered unobtrusively. Staff knew people well and communicated with people when they wanted alone time and this was respected by other people in the service.

Everyone was treated as individuals and made to feel special in their own right. People's own rooms were decorated as they liked. One person said their space was respected and their rooms were available for socialising with visitors adding, "The staff make me feel happy". Another person was approaching what they described as "a big birthday" and plans were underway on how to make this day special with a theme for the day; all staff and people were being given a role to play and would be wearing costumes.

People were in control of every aspect of their care and staff listened to them. There was plenty of banter amongst people and staff and all of them offered their opinions freely. Staff listened to people and acted on their wishes. We observed staff took time to support people to choose how they wanted to spend their day. Different options were discussed which people choose from. The routine in the service was flexible to meet this. For example, one person went out on their own by bus and then had lunch when they came back. Staff welcomed them and they were there as staff prepared their chosen sandwich. All chatted about the day. People told us their visitors were always welcomed. Staff actively supported people to stay in touch with those people important to them. People said they could have friends to come who they went to college with. One person said, "My friends and families are important to me; staff are extended family" and, "we're all mates here". Another person said, "Visitors are made to feel welcome" and they can come along freely any time adding, "My Mum visits and likes the staff".

All the staff talked about the people they were looking after with passion and a caring attitude. Staff described a strong ethos of care led by the registered manager. We observed the staff supported people throughout our time at the service with kindness, respect and in the person's own time.

One staff member said, "I love it here; I get up in the morning and have a smile on my face and look forward to coming to work" adding, there is a lot of one to one time. All the staff get along with the people." Another

staff member said, "People get good care from us; we get enough one to one time; we do listen to them. I always see staff are polite and kind to people; everyone is treated fairly and kindly." A third member of staff said, "When people are happy and have had a full day, they have plenty to talk about to each other and us in the evening; they also can tell their family and friends."

The registered manager told us one of the main motto's was to provide a "service for life" for people and many people had lived at the home for over 10 years. The service was working on developing how to meet people's end of life needs as they approached an older age. This included looking how to adapt the building and identifying staff training needs. People and their families would be included in planning how they want to be care for at this time.

Is the service responsive?

Our findings

People living at the service had done so for many years. Their care needs had been stable for some years. People had care plans in place which were personalised and reflected their current needs. People were familiar with their care plans and confirmed the registered manager had discussed their care plan with them and agreed it within the last month or so. Staff said they viewed the care plans and felt they offered them the correct level of guidance. Staff could suggest if they felt the care plans needed amending to ensure the care plans reflected people's most current needs.

People knew they had a care plan and other records in place. They were asked for their consent for us to read about them and were keen to make sure we were happy with their records. One person stated, "They engage me in my care planning".

The registered manager was aware that there had been a recent need to review how they meet people's needs in a personalised manner as people aged. One person had recently been diagnosed with dementia along with their learning disability. This meant their care planning and staff training had changed to understand and meet this change in need. The staff were mindful that people's ageing was something they needed to be prepared for and plan, to ensure they and the building could continue to meet people's needs as they evolved.

People were fully involved in how they wanted their care delivered and were encouraged to take an active role in running the home as they wanted to ensure everyone had their needs met in a considerate way. Care was flexible to meet people's needs as they arose, such as providing encouragement for one person to rest after the end of their holiday. People knew each other's needs and supported each other too. One member of staff said, "People are not limited by their learning disability. We seek they reach their full capability. We make the most of the local community so we can go out and normalise the life people are living."

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. There are plenty of activities for people and there was a pictorial activities board showing what was planned for each day of the week, which we were told was regularly updated. People were encouraged to take part in various activities including pottery, cooking, and drawing and colouring and there was a DVD club. They were trips and days out with the service having access to a people carrier vehicle for transport. People could choose from a range of activities together or on their own which were aimed at supporting them to be active. People attended local community facilities and took buses by themselves where they could. Everyone went on holiday each year and people chose where they wanted to go each time. This year they went to Cornwall but they have previously been to Ireland and other places in Europe.

Everyone expressed they were extremely happy they could be heard and there was a good line of communication for concerns or complaints. "They respond quickly to my needs", "No problem talking in private to the owners and management" and, "I can speak out" were all comments made by people to us.

People's concerns were acknowledged quickly and speedily resolved. These were not recorded. There were no formal complaints for us to look at, but people knew how to raise a complaint and felt comfortable speaking to the registered manager and other staff. The service had a complaints policy in place. A format was available for people to understand easily. This was made available to people and relatives on enquiring about the service. The registered manager was going to look at how to record concerns so they could see if there were any patterns.

Is the service well-led?

Our findings

Alston Court Residential Home is owned by a partnership of two people. This is their only service. Both members of the partnership have a history of care. We met one of the partners during the inspection and staff said they saw them and the other partner often. The registered manager and providers met often and discussed the running of the service. They did not write this down so were looking at how to do this so they could better track how they were ensuring the quality of the service. The registered manager was supported by a deputy manager.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. When one person said they felt that the service was "like an extended family", the registered manager echoed the comment exactly and said that was how they looked upon the service for people.

Everyone at Alston Court impressed the inspection team as everyone was treated with, and treated others with respect. There was a respectful tone between people, staff and management. We were told boundaries were placed on all as to what was the right and wrong way to be with each other. Any issues were resolved quickly to keep the culture one where all were described as being equal to each other and as important as the next. Both owners and management led from the front and set the parameters of good care. The owners (from January 2016) held the respect of the staff. They were described as being very much "hands on" and according to two of the residents, backed up by statements from the staff, attended the premises at least three or four times per week, if not more. The registered manager and deputy manager had the confidence of people and the staff, were well liked and respected.

We discussed how they registered manager ensured the quality of the service as there were no audits of the medicine administration, infection control and care plans in place. They told us they knew people well and people's needs had mainly stayed the same. However, these were starting to change as people aged with needs such as those related to falls, continence care and skin integrity becoming issues they needed to be aware of. The registered manager and deputy manager were reviewing how to ensure people continued to have good quality care as they aged. This included bringing in more formal audits, care plan checks and keeping staff numbers and training under review.

People were comfortable approaching the registered manager and provider. Any issues would be heard and acted on. People were fully involved in contributing ideas on how the service was run. Regular residents' meetings were held but people were not restricted to this as a way of getting their ideas and views across.

Staff felt valued by the provider and registered manager. One staff member said, "I am always asked for my opinion and asked if there was anything I would change." Staff could give new ideas informally and through regular staff meetings. Staff confirmed they were able to raise concerns which were dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the

registered manager and deputy manager. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

The registered manager had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment took place.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.