Cranford Care Homes Limited

Alma Green Residential Care Home

Inspection report

Alma Hill
Hall Green
Upholland
Skelmersdale WN8 0PA
Tel: 01695 622504

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Alma Green is located in the village of Upholland. It provides accommodation for up to 29 people, who require help with their personal care needs. All bedrooms are of single occupancy with en-suite facilities, consisting of a wash hand basin and toilet. A wet room is available and there are a variety of bathrooms located throughout the home, which provide assisted bathing facilities. There are a variety of amenities within the village itself, such as public houses, shops, a library, a church and post office. The surrounding areas of Southport, Ormskirk, Liverpool, Wigan and Skelmersdale are all within easy reach by public transport. The bus stops very close to Alma Green and there is a railway station nearby. Some parking spaces are available at the front of the premises.

We last inspected this location on 10 February 2014, when we found the service to be compliant with all five outcome areas we assessed at that time.

This unannounced inspection was conducted on 10 September 2015. The registered manager was on annual

Summary of findings

leave when we visited Alma Green. She had managed the day-to-day operation of the service for several years. 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 of the Health and Social Care Act and associated regulations about how the service is run.

Some areas of the premises had been recently decorated. However, other areas of the home were in need of upgrading and redecorating. Infection control practices could have been better.

Medications were not being well managed. This did not promote people's safety and could have potentially put people at risk of harm.

People were helped to maintain their independence. Staff were kind and caring towards those they supported. Assistance was provided for those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed. However, the provision of leisure activities could have been better, so that people who lived at Alma Green were supported to maintain an interest in a variety of hobbies or pastimes.

The planning of people's care was based on a thorough assessment of their needs, with information being gathered from a variety of sources. The care plans we saw were well written, person centred documents. A range of health and personal care assessments had been conducted. However, the hydration needs of one person were not being appropriately monitored and another person was not enabled to make their own decisions about their care and treatment, despite being assessed as having the capacity to do so.

There were sufficient numbers of staff on duty to meet people's needs. Staff members were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at the home. The recruitment practices adopted by the home were robust. This helped to ensure only suitable people were appointed to work with this vulnerable client group.

Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to promote people's safety.

Staff we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals.

Staff spoken with told us they felt well supported by the registered manager of the home. They spoke in a complimentary way about her management style and described her as being, 'approachable' and 'caring'.

We found the service to be in breach of several regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of safe care and treatment, good governance, need for consent and meeting nutritional and hydration needs.

You can see what action we have asked the provider to take at the end of this report.

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

This service was not consistently safe.

We found some areas of the environment could have been better, in order to promote people's health and safety. Infection control policies were not being followed in day to day practice and medicines were not well managed.

At the time of this inspection we found there were sufficient staff deployed to meet the needs of those who lived at Alma Green. Recruitment practices were thorough enough to ensure only suitable people were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Alma Green.

Is the service effective?

Requires improvement

This service was not always effective.

People's human rights were not always protected, because they were not always enabled to make decisions and choices about their care and treatment.

The menu offered people a choice of meals and their nutritional requirements were met. Those who needed assistance with eating and drinking were provided with help in a discreet and caring manner. However, the hydration needs of one person had not been sufficiently monitored.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

Is the service caring?

Good

This service was caring.

People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and people looked comfortable in the presence of staff members.

Summary of findings

Is the service responsive?

Requires improvement

This service was not always responsive.

We established that the provision of activities could have been better. There was no activity coordinator employed, so care staff tried to provide some activities, when they could.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised. However, not everyone was satisfied with how complaints were managed.

A person centred assessment of needs was done before a placement was arranged. Plans of care were well written and person centred. They accurately reflected people's needs and outlined how these needs were to be best met, in accordance with individual preferences and wishes.

Is the service well-led?

Requires improvement

This service was not consistently well-led.

There were systems in place for assessing and monitoring the quality of service provided. However, these were not consistently effective, as areas in need of improvement identified during our inspection, had not been recognised by the quality monitoring process adopted by the home.

People who lived at the home were fully aware of the lines of accountability within Alma Green. Staff spoken with felt well supported by the management team and were very complimentary about the way in which the home was being run by the registered manager.

Alma Green 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.

This unannounced inspection was carried out on 10 September 2015 by two adult social care inspectors from the Care Quality Commission and an expert by experience. An Expert by Experience is a person who has experience of the type of service being inspected.

At the time of our inspection of this service there were 29 people who lived at Alma Green. We were able to ask twelve of them and seven of their relatives for their views about the services and facilities provided. We received positive comments from those we spoke with.

We also spoke with five members of staff, the registered manager of the home and two community professionals. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of four people who used the service and the personnel records of two staff members.

We 'pathway tracked' the care of four people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

The provider sent us 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.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at Alma Green. One person said, "The staff are marvellous. They are very kind and caring." Another told us, "A lot of attention is taken to helping people feel safe when they are walking about the home. Staff always like us to have our zimmer frames close to hand. We all have a safety button to press in our rooms If we are not feeling very well in the night." And a third commented, "The call bells are answered quickly. There is no having to wait for ages."

During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal parts of Alma Green. We found some areas of the environment could have been better, in order to promote people's health and safety. For example, there were four screws protruding from a wall next to a toilet cistern in one bathroom, which could have created a potential risk of harm for those who used this facility. The ground floor corridor carpet was lifting in one area, which created a potential trip hazard.

Many areas of the home were cluttered, making some facilities hazardous and inaccessible. One bathroom was stacked with boxes of incontinence pads and a mobile hoist was being stored in this room. This created a potential risk and made the bath and wash hand basin inaccessible for those who wished to use this facility.

The sluice room on the ground floor was left unlocked, which provided easy access to some domestic products that could potentially be hazardous to people's health if they were ingested or came into contact with skin or eyes. We noted that the switches in the laundry department for the extractor fan, fan heater and heater were all covered with red tape. We were unable to establish the reason for this. The laundry door did not automatically close directly into the door frame, which created a potential fire risk.

We found the registered person had not protected people against the risk of harm, because the environment did not consistently protect people's health and safety. This was in breach of regulation 12(1)(2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Infection control policies were in place at the home. However, these were not always being followed in day to day practice, as the cleanliness of the environment could have been better. We noted some carpets were stained in places and in need of a thorough clean. One bathroom was in need of cleaning around the skirting boards and the two hoists in this room were also in need of a thorough clean. There were four commode basins on the windowsill of this bathroom, which did not promote good infection control practices. We noted that it was dirty behind one of the communal toilet bowls. The toilet cistern was also dirty in this room, as well as the skirting boards.

Two hoists in the corridor were dirty. The pedal bin in the sluice on the ground floor was without a lid and the bin was in need of a thorough clean. The windowsill in this room was dirty and there were three commode basins in the sink, plus one dirty urine bottle. There was paint coming off the walls in the wet-room on the ground floor, which made it difficult to clean.

We found the registered person had not protected people against the risk of harm because the cleanliness of the environment did not promote good infection control practices. This was in breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our tour of the premises we observed that wet floor signs were utilised, so that people were alerted to potential slipping hazards following spillages and mopping of floors. We noted that pleasant gardens were available for people to sit in during the better weather. These were found to be well maintained and secure, which helped to promote the safety of people whilst spending time outdoors. We noted security cameras had been installed around the outside of the property, which provided the manager with different views of the grounds of Alma Green. This helped to protect the home from intruders and therefore promoted people's safety.

Records showed that relevant staff received medication training and refresher updates were also provided. One staff member told us that the registered manager conducted competence assessments every few months for all staff who administered medication. However, we found medicines were not always managed safely.

We saw the last of the morning medications being administered. One was prepared and signed for by a senior care worker, who told us, "I am just going to put it in the trolly, until she is having her breakfast." This member of staff later handed the medicine keys over to another senior

Is the service safe?

care worker, telling her that she had 'potted' the medicines for two named residents. The second member of staff took the 'potted' medication to one of these people. This consisted of four tablets being put in a suspension of a mixture of two liquid medicines. A carer explained this was because the person often spat the tablets out if they were given separately and refused to take them. The person had been assessed as having mental capacity to decide to take or refuse medicines and should not have received medicines covertly. This was a very unsafe practice as medicines must not be mixed unless expressly agreed by a qualified pharmacist, as they may react with each other rendering them unstable or ineffective. The practice had not been discussed with a pharmacist and was not recorded in the person's care plans. The Medication Administration Record (MAR) had already been signed as administered by the first senior care worker. This is unacceptable practice and could potentially put people at risk of harm. Medications must not be signed as being given until the individual has actually taken their medication. The staff member who administers the medication must be the one who signs the MAR chart.

The procedure staff followed for the management of medicines was explained to us. However, what we were told was not always followed in day to day practice. We observed some medications being prepared without MAR charts being consulted. We noted that the controlled drugs were checked each day to ensure the remaining amount coincided with the records.

There are legal requirements for the storage, administration, recording and disposal of Controlled Drugs(CDs). These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). The senior care workers told us they would both sign the register before administering any CD. This we witnessed. However, one senior carer administered the medication without a witness. Later we observed a CD being prepared by two carers. They did not open the MAR chart to check the prescription. Together they checked the dose of medication against the amount previously given, as recorded in the CD register. The register was signed to indicate the person had received the medicine before the carers took it to the individual. This was very unsafe practice. It is essential that the MAR chart is checked each time a medicine is administered, to ensure the dose has not been changed, or the medication discontinued.

We saw there was no body map available for one person, who was prescribed analgesic patches, as a form of pain relief. Therefore, it was not clear where on the body the patches were applied. We were told they were applied on the opposite side to the previous one. But this was not recorded.

The general routine for the administration of medicines was for the care worker to check the MAR chart, then to put the prescribed medication into a medicine pot and then to sign the MAR chart before administering the medication. We were told that people were asked if they wanted their pain killers and if they did then these were administered in accordance with the MAR chart. However, if they refused any medication, then the signature on the MAR chart would be crossed out and 'R' inserted, indicating which medication had been refused. Senior care staff told us that if people did want 'as and when required' medication, such as Paracetamol the actual time these were administered was not recorded in the MAR charts. Paracetemol should not be repeated within a four hour period. If the actual time of administration is not recorded, then it is not possible to know when it is safe to give a repeat dose.

We observed the lunchtime medicine round and found that medicines were routinely signed for, as being administered at the time of preparation. We checked the bottled tablets of four people who lived at the home. We found the records of two did not correspond to the number of tablets actually present. The number of tablets remaining had not always been brought forward onto the new MAR charts. This prevented a clear audit trail to be conducted.

We found the registered person had not protected people against the risk of harm because medicines were not being well managed. This was in breach of regulation 12(1)(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely in a locked trolley which was either chained to a wall in the dining room or kept in a locked medicines room. The temperature of the room and the medicines fridge was checked daily to ensure medicines were stored at an appropriate temperature.

There was a system in place for ordering medicines so that they were always available when people needed them. Printed MAR charts were supplied by the supplying pharmacist, which indicated the number of tablets supplied in blister packs.

Requires improvement

Is the service safe?

During our inspection we looked at the personnel records of two people who worked at Alma Green. We found that prospective employees had completed application forms and medical questionnaires. They had also undergone structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy. All necessary checks had been conducted, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded. Staff spoken with were fully aware of what to do should they be concerned about someone's safety or well-being. They were confident in following the correct reporting procedures.

We observed staff moving and handling people in a safe manner, throughout our visit. This was conducted with dignity and respect and in accordance with the standard procedures of the home.

Clear protocols were in place, which outlined action that needed to be taken in the event of various emergency situations. There was a written fire evacuation plan in place, which listed all those who lived at the home and the assistance they would need to be evacuated from the premises in an emergency situation. However, it would be beneficial if people had individual Personal Emergency Evacuation Plans (PEEPS), which outlined any specific problems that may be encountered during an evacuation, such as anxiety, challenging behaviour or asthmatic attacks. These should be available for emergency services to access quickly.

Fire procedures and a wide range of risk assessments had been implemented and internal equipment checks had been conducted regularly, in order to safeguard those who lived at the home, visitors and staff members. We saw that 19 staff members had recently completed a training module entitled, 'Fire warden and drill awareness'. This helped to ensure the staff team were well trained in fire safety. Records showed that systems and equipment had been serviced in accordance with manufacturer's recommendations. This helped to ensure it was safe for use and therefore protected those who used the service from harm.

Staff told us they had received training about safeguarding vulnerable adults, whistleblowing and fire safety. A contingency plan outlined action that needed to be taken in emergency situations, such as a power failure, flood, loss of water or adverse weather conditions. Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

We received varying views about the staffing levels at the home. Some people thought there were enough staff deployed to meet people's needs and others felt there were insufficient numbers of staff appointed. We looked at staff duty rotas, which showed that at the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Alma Green. Staff members we spoke with felt there were enough staff deployed to meet the needs of those who lived at the home. However, we were told that care staff were also responsible for laundry duties, which could potentially detract them from their caring roles and therefore reduce the possibility of people receiving the care they needed. This issue was discussed with the registered manager following the inspection.

Requires improvement

Is the service effective?

Our findings

People we spoke with were, in general complimentary about the selection and quality of food served. One person told us, "The food is simple, but very tasty and home-cooked." A relative told us, "We like this home very much I would come into this home myself if I needed to." People we spoke to who lived at the home and relatives told us that most of the staff were trained to be able to meet their needs or their family member's needs. However, one person commented, "Not all staff are up to the job." And another told us, "We are not always made welcome because we show and voice our concerns. Some of the staff just open the door for us and walk away without saying hello."

Comments from family members were mixed about being kept informed of any changes in the needs of their loved ones. Comments included, "A doctor had to be called to have a look at (name removed) leg. They always ring us"; "We were not informed when (name removed) fell. They don't keep us informed on a day to day basis. We have to ask" and "We only get told about (name removed) when we ask. They are not very forthcoming."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Policies were in place in relation to DoLS and the MCA. The care records we looked at showed that mental capacity assessments had been conducted. However, The family members of one person told us about a recent incident, which made them question the effective health and safety of their relative. We assessed the information we had received and found the situation could have been managed in a more appropriate way, by allowing an individual, who was deemed to have full capacity, to make their own choices and decisions, which would have resulted in medical attention being provided more promptly.

We found that one person, who was deemed to have capacity to make decisions about their care and treatment was not allowed to make such choices. This resulted in a significant delay in appropriate medical treatment being provided. We found that the registered person had not always taken in to consideration the wishes of people who lived at the home in relation to their consent for their care and treatment. This was in breach of regulation 11(1)(4)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care file of one person contained evidence that the individual lacked capacity to make a decision about where to live. A best interest meeting had been held followed by a DoLS application being made. One member of staff we spoke with told us, "If anyone lacks the capacity to make a decision, then it is made in their best interests between the family, us and medical staff." Another said that if someone was on a DoLS, it meant that they had to stay at Alma Green for their own safety.

Only a few people who lived at Alma Green were living with dementia. A care worker we spoke with confirmed she had received training about caring for people living with dementia, mental capacity and Deprivation of Liberty Safeguards (DoLS).

Care files we examined showed that people had given their consent in a variety of areas, such as agreeing for staff to administer their medications, staff checking on them during the night time and allowing staff members to enter their bedrooms.

We noted that the fluid intake for some people was monitored and recorded to prevent dehydration. However, the charts we saw were not fully completed, as the total amount of fluid taken each day was not recorded. There was no indication for staff about what was an acceptable amount of fluid intake for each person or when they should raise concerns with the management team. Carers told us they thought one person drank more than was recorded on the chart, but they only recorded fluids supplied by the home and not drinks the person had in their own room. This person was later admitted to hospital and found to be suffering from dehydration.

We found the registered person had not ensured that people were always adequately hydrated. This was in breach of regulation 14 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service effective?

A high risk of malnutrition for one person had led to a referral being made to a dietician and advice about diet and fluids was recorded within the plan of care. This person's weight had been monitored carefully, so that any significant weight loss could be identified and addressed quickly.

During our inspection we toured the premises, viewing all communal areas of the home and a selection of private accommodation. The home was warm and comfortable. However, we found that although parts of the home had recently been painted, the premises was in need of upgrading and modernising, in order to enhance the environment for those who lived at Alma Green. One visitor we spoke with told us that she was happy with her relative's bedroom, but she thought the home 'could do with a face lift'. She felt the premises looked 'tired' and were now ready for some redecoration. We were told a refurbishment programme was in place and that some areas in need of improvement, were being addressed imminently.

We spoke with three care staff who told us they had annual appraisals and regular supervision meetings with their line managers. Their induction was described as 'in depth' and records showed that the induction programme for new employees covered important areas, such as the aims and objectives of the home, equal opportunities, fire awareness, health and safety, food hygiene and moving and handling.

We established that the turnover of staff was relatively low. This helped to ensure continuity of care for those who lived at the home. Successful applicants were supplied with a wide range of relevant information, such as employee handbooks, codes of conduct, job descriptions specific to their roles, terms and conditions of employment and numerous policies, including discipline and grievance procedures. This aided in staff gaining a clear understanding of the policies, procedures and practices of both the organisation and the care home, which meant all new staff, were equipped to do the job expected of them.

Records and certificates of training showed that a wide range of learning modules were provided for all staff. These included areas such as fire safety, infection control, the Mental Capacity Act (MCA), food hygiene, medication management, health and safety, safeguarding adults and moving and handling. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, dementia awareness and end of life care were topics built into training programmes. The staff we spoke with were positive and enthusiastic. They told us they received a good training programme and gave us some good examples of modules they had completed. It was evident that the company considered training for staff to be an important aspect of their personal development programmes.

Records showed that regular formal supervision was provided for all staff and appraisals were conducted each year. These meetings between staff and managers, encouraged discussions about an individual's work performance, achievements, strengths, weaknesses and training needs.

Staff we spoke with confirmed annual appraisals and regular supervisions were conducted.

Records showed that a wide range of community professionals were involved in the care and treatment of those who lived at Alma Green, such as GPs, audiologists, chiropodists, an optician, the falls team, community nurses and physiotherapists. It was also evident that hospital appointments were arranged when needed and blood investigations were conducted by health care professionals, as was required. We observed lunch being served. Dining tables were well laid. The food looked appetising. People were allowed to eat at their own pace and alternatives were offered if a resident did not want to eat what was on the menu.

People we spoke with told us that on the whole they liked the food served, although several said the soup was sometimes 'thin'. They confirmed that they were given a choice of meals. The menu of the day was displayed on a notice board in the dining room. This provided people with a choice of meals. We overheard two people asking if they could have a banana instead of the choice of pudding. They were told, "We don't have any bananas until tomorrow. We've got apples, biscuits or yoghurt. They selected to have biscuits. These were handed to them from a box and therefore they were not offered a choice.

People told us that after they had been assisted to wash and dress in the mornings a hot drink of their choice was offered. We were told that people could ask for drinks and snacks at any time, such as juice or tea and sandwiches, biscuits or cereal.

We established that people were offered a hot drink of their choice and a biscuit at supper time. We noted that the

Requires improvement

Is the service effective?

home had achieved five stars in their recent food hygiene inspection conducted by the Environmental Health Officer on behalf of the local authority. This rating corresponds to 'very good' and is the highest level achievable.

Good

Is the service caring?

Our findings

Comments we received from people about the care provided was in general positive. These included, “They (the staff) go the extra mile”; “I am quite happy living here. The girls are super”; and “Some staff are lovely, but others just rush in and out of our relative’s bedroom. Only certain carers take the trouble to talk to her.” People told us that care and support was provided by regular staff, which promoted continuity of care. One person commented, “I have a key worker. She is very kind she never rushes me when she is helping me to get dressed. She is the one that takes me for my shower. It is always the same person and I like that.”

One relative commented, “I cannot fault the staff. The care they (the residents) get is excellent. The staff are on the ball.” And another told us, “We know a lot of the staff personally. We think all the staff are lovely. (Name removed) could tell us if she wasn’t happy. Staff are always telling (Name removed) to press her buzzer if she wants anything.” However, one family member told us of an incident where their relative had been left in the lounge all day, despite her wishing to be helped back to her bedroom after breakfast. They told us, “Our feelings about the care provided by some of the staff has a lot to be desired.”

Good information was provided for people who were interested in moving into the home. The service users’ guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of Alma Green. This enabled people to make an informed decision about accepting a place at the home.

During our inspection we were approached by two community health care professionals, who provided us with very positive comments about Alma Green. One of them commented, “I didn’t want to leave the home without telling you that of all the care homes I visit, this one provides by far the best care. Staff are always helpful when we visit and they are very knowledgable about people’s needs. It is an excellent care home.”

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. We observed staff on the day of our inspection treating people in a kind and caring way. They spoke with those who lived at the home in a respectful manner. Staff evidently knew people well and responded appropriately to meet individual preferences. Some people clearly preferred a quieter approach, whilst others enjoyed a jovial laugh and joke with staff members.

It was clear from talking with staff and observing interactions, that they knew all the people who lived at the home well. Staff addressed people by the names they preferred. We saw that staff were gentle and patient when supporting people to take medicines or eat and drink or simply to walk to their bedrooms. All care staff responded to individual people in a way that showed they knew them well and were concerned for their welfare.

People looked well presented and happy and they were evidently comfortable in the presence of staff members. One relative told us, “They (the residents) are always smartly dressed.” However, another said, “Clothes do go missing on a regular basis and they get washed on too high a temperature, which makes them shrink.”

Records showed that some staff had completed the ‘Six Steps’ training in end of life care. This involved demonstrating that the service met a number of specific standards including enhanced training for care staff. Care files we saw incorporated, where appropriate, people’s final wishes in relation to funeral arrangements, which were very specific and detailed. A policy was in place, which outlined the possible use of local advocacy services, for those who may wish to access this facility. An advocate is an independent person who will act on someone’s behalf to ensure decisions are made in their best interests.

Requires improvement

Is the service responsive?

Our findings

One person who lived at Alma Green told us, "You can't find any faults here. I am quite content with the staff. They are a good lot." People we spoke with informed us that there were regular staff at the home, which helped to promote continuity of care. However, some people we spoke with told us that staff did not have the time to just sit and chat to them about what was important to them or how they wished to be cared for. One person commented, "No they (the staff) pop in and ask me if I am ok, but they don't sit and chat. The manager is always telling us that this is our home, but they don't tell us what is happening in the home or when our friends die or when staff are leaving."

When we asked people what they would like to see more of at Alma Green, the responses we received included: "Add more variety to the menu and more activities"; "I would love a piano. I used to play and sing a lot. I would like more things to do"; "I would like to go into the garden more. I like dead heading the flowers. I miss my garden." A relative told us, "We like this home very much I would come into this home myself if I needed to."

People told us they were offered a range of choices, such as being able to choose their own clothes, selecting what they wanted to eat from the menu and making decisions about personal hygiene matters.

We examined the care files of six people, who lived at Alma Green. We found these to be well organised, making information easy to find. We pathway tracked the care of four of these people. Pathway tracking is a system we use to establish if people are receiving the care and support they need. We saw that people had been involved in the development of their care planning and very thorough needs assessments had been conducted before a placement was arranged at the home. These included people's likes and dislikes and this helped to ensure the staff team were confident they could provide the care and support people required. Care staff confirmed that they had read the care plans for those they supported, to ensure they knew what each individual required. Staff we spoke with were able to give a clear account of people's needs and how these needs were to be best met. One member of staff told us, "I think the care plans are very informative. We update them regularly."

We found the plans of care to be very person centred. They included people's views and outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. Regular reviews had taken place and any changes in need had been recorded well. People's recorded life histories and a map of their life helped the staff team to familiarise themselves with what people liked and disliked and also what their hobbies and interests were. The records for one person showed they had been a campaigner for 'Making Poverty History' and a letter from Tony Blair was amongst the documents we saw on their file.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. The plans of care showed people were offered a variety of choices and were able to take incoming telephone calls in private.

We spoke with staff members about the assessed needs of people. They were able to explain to us how the staff team supported individuals to ensure their needs were being met. We saw that the plans of care accurately reflected what care staff had told us. We noted that care workers wrote a detailed daily report, at the end of each shift. This helped all staff to be fully aware of any changes in people's circumstances.

Detailed assessments were in place within a risk management framework. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition, the use of bed rails and falls. These had been updated annually. Members of the staff team were able to describe in detail how people were supported and it was clear that they knew people well and were able to provide the care required by each individual who lived at Alma Green.A key worker system was in place at Alma Green, which enabled people who lived there to develop strong bonds with individual staff members, who got to know them and their families well. This also helped to ensure people's needs were being appropriately met.

All care staff had access to the care records and they completed progress notes of daily events. We saw that the home had received positive feedback from families. We noted that people's requests were honoured whenever possible. For example, records we saw showed that one person had asked to be moved to another bedroom and

Requires improvement

Is the service responsive?

this was facilitated without question. Another person had told staff, 'I want to do things for myself' and so to facilitate this, had requested a particular type of seating. This was sourced and purchased for them.

The complaints policy was clearly displayed within the home, which identified the procedure to follow in order to make a complaint. This was also included in the service users' guide provided to people when they first moved in to the home. A system was in place for recording complaints received by the home. This record identified the nature of the complaint, action taken and the outcome following an internal investigation. We assessed the management of a complaint, which had been received by the Care Quality Commission (CQC) and which had been passed to the provider to look into. We found that the home had conducted a thorough investigation and had handled the situation in a professional manner.

People who used the sevriceor their relatives told us they were confident in raising any concerns with the registered manager. Care staff we spoke with understood how to deal with any complaints in line with the policy of the service and they said they were confident the manager would respond to any issues raised, but they knew how to escalate concerns to the provider if it was ever required. We received mixed responses about how complaints were being managed. Some people we spoke with told us they were confident that complaints were handled properly. However one relative told us that the home was not always responsive in dealing with complaints or concerns and took a somewhat defensive approach when concerns were raised. Another told us that they were not happy with how a complaint had been dealt with. It may be beneficial to carry out a survey for the management of complaints, by asking people following the completion of complaints if they were satisfied with how their complaint was managed.

We established that the provision of activities could have been better. There was no activity coordinator employed, so care staff tried to provide some activities, when they could. We did not see any written or pictorial evidence of past celebrations or activities. However, we did see evidence of two singers booked during the month. A church service was also arranged and a 'chippy' tea organised. No structured activities took place on the day of our inspection. Residents told us that they were not encouraged to pursue the hobbies they had before entering the home.

We noted that several people were asleep in the lounges during the day. People we spoke with were unable to recall any recent activities but did enjoy the visiting entertainers. We were told that a man was visiting on the day of our inspection with a projector and a big screen to show a film. One relative told us, "There's not much going on. When I visit they (the residents) are all just sitting around." However, we did overhear one care worker organising an entertainer by telephone and we were shown some crochet rugs, which had been made by people who lived at the home. One person who lived at the home enjoyed writing poetry, of which some work was retained on their file. For example, a poem entitled, 'The Lancashire of my childhood' had been written in old Lancashire dialect by this individual.

Requires improvement

Is the service well-led?

Our findings

We spoke with twelve people who lived at Alma Green, who felt the home was being well managed. At the time of our inspection the registered manager was not on duty. However, the staff who attended to us were co-operative and provided us with the information we needed, as far as possible. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find.

Relatives and residents who lived at the home all knew who the manager was and many spoke very highly of her. They all thought she had a very visible presence and they felt comfortable and happy to approach her with any concerns they may have. One person told us, "I like the manager very much. She has a laugh and fools around she is great." Another commented, "The manager is very fair. She keeps an enormous amount of information in her head." However, some relatives thought that the manager could be more proactive in following up concerns they had about their loved ones, by ensuring that staff followed through her wishes and the wishes of the residents and relatives.

Records showed that meetings were held regularly for those who lived at the home. The most recent being in August this year. This allowed people to talk about things they felt were important to them in an open forum and to make suggestions, as well as provide feedback about the services and facilities available. Minutes of these meetings were made available for us to see. It may be beneficial if these minutes were displayed within the home, so that any interested party could establish areas discussed. The registered manager indicated on the minutes that she went and spoke to all those who declined to attend the meetings on an individual basis to see if they had any concerns or suggestions for improvement.

We were told that staff 'handovers' were conducted on each shift. This helped the staff team do be aware of any changes in the circumstances of anyone who lived at the home and to ensure they knew how to meet people's needs. We saw minutes of a range of staff and management meetings, which had been held at regular intervals. This enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce.

The home had been accredited with an external quality award, achieving a 5 star rating, which was the highest level available. This meant that a professional organisation visited the service annually to conduct detailed audits, in order to ensure the quality of service was maintained to an acceptable standard. The registered manager had notified the Care Quality Commission of any reportable events, such as deaths, safeguarding concerns or serious injuries. This demonstrated an open and transparent service.

Records showed that health and safety audits were conducted each month. These covered areas, such as medication management, cleanliness of the environment, generic health and safety topics, people's care and staffing levels. We saw evidence of a full audit being conducted by a company representative every three months. These covered areas, such as care plans, accidents and incidents, staff training, recruitment, medication management, nutrition and surveys. However, the audits which had been conducted did not recognise the areas in need of improvement, which we identified during our inspection.

We found that the assessment and monitoring of the quality of service provided was not always effective. This was in breach of regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback about the quality of service provided was actively sought from those who lived at the home and their relatives, in the form of surveys. This was done through the accreditation scheme each year. Staff surveys were also conducted annually. This helped the registered manager to gather the views of those who used the service, their relatives and staff members, as to what it was like to live and to work at Alma Green.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). The registered manager selected a 'Policy of the month' and distributed it to each member of staff with their wage slips. This was considered to be good practice.

Comments from people who worked at Alma Green included: "The manager is brilliant. Although some

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decisions don't always seem fair, such as jobs that cannot be done in the time given", "Sometimes I feel undervalued", "I like the manager. I wouldn't want to work for anyone else. She is firm, but fair and she is well respected as a manager" and "The manager is very approachable." The staff we spoke with told us that there was a good atmosphere in the home and that people were well cared for at Alma Green.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the registered person had not protected people against the risk of harm, because the environment did not consistently protect people's health and safety. Regulation 12(1)(2)(a)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the registered person had not protected people against the risk of harm because the cleanliness of the environment did not promote good infection control practices. Regulation 12(1)(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the registered person had not protected people against the risk of harm because medicines were not being well managed. Regulation 12(1)(2)(f)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

This section is primarily information for the provider

Action we have told the provider to take

We found that one person, who was deemed to have capacity to make decisions about their care and treatment was not allowed to make such choices. This resulted in a significant delay in appropriate medical treatment being provided.

Regulation 11(1)(4)(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs We found the registered person had not ensured that people were always adequately hydrated. Regulation 14 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the assessment and monitoring of the quality of service provided was not always effective. Regulation 17(1)(2)(a)(b)(f).