

Mr & Mrs F Barrs

Alton House

Inspection report

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Date of inspection visit: 27/02/15 & 11/03/2105

Date of publication: 01/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



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

This unannounced inspection took place over two days on 27 February and 11 March 2015.

Alton House is a 19 bed care home providing accommodation and care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those who need it. 19 people were using the service when we visited.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During this inspection, we found that the arrangements for managing medicines were not safe. Staff did not have information to enable them to make decisions about when to give certain medicines. People had not always received all their medicines as prescribed which was a risk to their health and welfare.

Summary of findings

The standards of cleanliness and hygiene were not satisfactory. Although the communal areas were clean and free from odours we found three bedrooms with very strong smells of urine. This was because mattresses had not been appropriately cleaned. We also found dirty cloths and a dirty wall in the kitchen.

Staff had not received sufficient training to provide a safe and appropriate service that met people's needs.

We have made a recommendation about the management of safeguarding.

Staff supported people to make some choices about their care but did not have a good working knowledge of the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards.

Although care plans contained information about people's needs and wishes they were not comprehensive. They did not contain specific or sufficient detail to enable staff to provide personalised care and support in line with the person's wishes. People said that they were not happy with the activities offered. One person said, "We play ball sometimes, otherwise we sit doing nothing and it gets boring."

The systems in place to monitor the service and to obtain people's feedback were not robust and this placed people at risk of receiving a service that was not responsive or effective.

We saw that staff supported people patiently and with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs. They provided care in a respectful way.

People told us they felt safe at Alton House. One person said, "Care that you wouldn't get anywhere else."

People told us that the food was good and that they had a choice of food and drinks. One person said, "Excellent food. I've not left a dinner since I started here." We saw that people's nutritional needs were met. If there were concerns about their eating, drinking or weight this was discussed with the GP. Any support and advice from healthcare professionals was followed by staff in order to maintain people's well-being.

People were happy to talk to the manager and to raise any concerns that arose. They told us that the manager and deputy were "good".

You can see what action we told the provider to take at the back of the full version of the 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?

The service was not safe. Not all aspects of the care provided were safe. People were placed at risk because the system for administering and recording medicines was not robust. People did not always receive their prescribed medicines. Appropriate guidance was not available to staff to ensure that people received their medicines safely.

Standards of cleanliness and hygiene were not satisfactory.

Systems were in place to keep people as safe as possible in the event of an emergency arising.

Systems were in place to ensure that equipment was safe to use and fit for purpose.

Inadequate



Is the service effective?

The service was not always effective. The staff team had not received all of the training they needed to ensure that they supported people safely and competently.

Staff did not have a good working knowledge of the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards.

People told us that they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Requires Improvement



Is the service caring?

The service was caring. People told us that the staff team were kind, caring and respectful. We observed that staff supported people in a kind and gentle manner and responded to them in a friendly way.

Staff provided caring support to people at the end of their life.

Good



Is the service responsive?

The service was not always responsive. People's care plans did not contain sufficient or detailed information to enable staff to provide a personalised or consistent service.

People told us that they were not happy with the activities that were on offer and said that they would like to go out sometimes.

The service was responsive to people's healthcare needs. People told us that staff responded quickly if they called for assistance.

Requires Improvement



Summary of findings

Is the service well-led?

Some aspects of the service were not well-led. The registered manager and the provider did not robustly monitor the quality of the service provided to ensure that people received a safe and effective service.

People told us that the registered manager was “good” and approachable. They said they were happy to talk to the manager and to raise any concerns that arose.

Requires Improvement



Alton House

Detailed findings

Background to this inspection

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

This inspection took place on 27 February and 11 March 2015 and was unannounced on 27 February 2015.

The inspection team consisted of a lead 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 service.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service and healthcare professionals to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with seven people who used the service, five staff, one relative and a healthcare professional. We looked at four people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health & safety and maintenance records, quality monitoring records and medicines records.

Is the service safe?

Our findings

The care provided was not safe. Although people told us that they felt safe at Alton House our findings did not support this. The management of medicines was not robust nor was the arrangements for maintaining cleanliness and hygiene.

At this inspection we looked at medicines records, storage, stock levels, administration and monitoring. Medicines were administered by staff who had received medicines training. This training was a distance learning package and the deputy manager told us that the pharmacist also visited “once in a while” to talk to staff about medicines. The manager decided when staff were competent to administer medicines but there was no competency test by which to assess this and competency was not reassessed. Therefore adequate systems were not place to ensure that staff had the necessary competency and skills to safely administer medicines.

We found that there was no guidance for staff about the administration of medicines which were prescribed on an ‘as required’ basis. There was no information about the circumstances under which these should be administered or the gap required between doses. There was no information to enable staff to make decisions as to when to give these medicines to ensure people received these when they needed them and in way which was safe. People were therefore placed at risk of not receiving these medicines safely.

We saw that when medicines were delivered from the pharmacy they were stored in a shed in the garden until they needed to be used. This shed was left unlocked during the day as other items were stored in there. This meant that a large amount of medicines could be accessed by unauthorised persons. Medicines that were in use were stored in a locked medicines trolley. We also found that controlled drugs were stored in a safe which was in a cupboard where lots of other items were also stored. The safe was opened via a keypad and all staff who administered medicines knew the number to open the safe. This meant that access to controlled drugs was not restricted. Systems were not in place to ensure that medicines were safely and securely stored.

Medicines administration records (MARS) were not always appropriately completed and administration codes were

not used consistently. For example, two people were prescribed medicines to be given on a daily basis. However records showed that neither person received the medicines each day. Sometimes staff had recorded ‘A’ for refused, others had recorded ‘F’ are not needed and some had just recorded ‘X’. This meant that there was not an accurate record of why people had not had their medicines. Therefore healthcare practitioners would not have the necessary information to effectively review people’s medicines.

We found that the systems in place for the administration of medicines were not safe. We saw that one person had not been given one of their prescribed medicines for nine days. The records indicated that this was because there was no supply of the medicine. This meant that the person had not received all their medicines as prescribed which was a risk to their health and welfare. This had not been followed up by the staff and after we raised this with the deputy manager a supply was found in the stock medicines stored in the shed. The arrangements for receiving and checking medicines were not robust. Therefore people were not protected against the risks associated with the unsafe use and management of medicines.

The above issues all evidenced a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around the building, and found that not all areas were sufficiently clean. In the ground floor wet room we found faeces on the toilet and toilet frame. We also found that there was not any toilet tissue available in two of the ground floor toilets. In the kitchen we found extremely dirty towels/tea towels hanging over a radiator near a dirty wall with dirty skirting. There were no paper towels available in the dispenser and the chef informed us that they had run out on the previous day. Three of the ten bedrooms we looked at smelt extremely strongly of urine. The rooms looked clean and beds had been made but we found that the smell was coming from the mattresses. These issues were all health risks to people who used the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Staff told us that they had received safeguarding vulnerable adults training and that they were confident that the manager would deal with any concerns they raised. A healthcare practitioner told us that they did not have any concerns about abuse. They added that there were not any issues with regard to injuries that should be preventable such as skin tears and pressure area sores. We saw that staff recorded accidents or incidents. However we found that some incidents, between people who used the service, that were potential safeguarding issues were not identified as such by the manager and had not been reported to the appropriate authority. We therefore recommend that the service reviews the safeguarding policy and training and take action to update their practice accordingly.

The provider had appropriate systems in place in the event of an emergency. Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. The deputy manager told us that she was in process of completing personal emergency evacuation plans for each person. Systems were in place to keep people as safe as possible in the event of an emergency arising.

Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were

functioning appropriately and were safe to use. The records also confirmed that the maintenance person carried out weekly checks on alarms, call points, hot water temperatures and pressure relieving mattresses, to ensure that they were safe to use and in good working order. Systems were in place to ensure that equipment was safe to use and fit for purpose.

The provider's recruitment process ensured that staff were suitable to work with vulnerable adults. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with vulnerable adults.

One person felt that another member of staff on duty was needed but the rest told us that there were enough staff on duty. One person said, "Staff come quick if help is needed." Another said, "They answer the call bell quickly." A relative told us that there were enough staff on duty. In addition to care staff there was also a cook, cleaning staff and a handyperson. At the time of the inspection we found that there were sufficient staff on duty to meet people's needs.

Is the service effective?

Our findings

The service was not always effective.

The deputy manager informed us that not all staff who prepared food had received food hygiene training, and also had not all received moving and handling training. In addition most staff had not received Mental Capacity Act 2005 training. An accurate record of the training that staff had received was not available. The deputy manager told us that a training matrix was being developed to enable this to be reviewed more effectively but this had not been completed. Therefore people were not always cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff had received some training including safeguarding vulnerable adults, moving and handling, fire safety, food hygiene and health and safety. They told us that they received the training they needed to support people. One member of staff told us, "Training is good. We are doing first aid soon. We asked for it and they (the manager) arranged it. We get offered a lot of training." Most of the staff team had either already obtained or were working towards a qualification in health and social care.

Staff were clear that people had the right to and should make their own choices. However most staff had not received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Therefore they did not have a good working knowledge of MCA and DoLS legislation. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can legally be deprived of their liberty where it is deemed to be in their best interests or for their own safety. However we saw that in some circumstances people's mental capacity and ability to make informed decisions about their care and treatment was appropriately tested or acted on. In one person's file there was a Do Not Attempt Resuscitation (DNAR) instruction. The person's capacity had been assessed and the GP had signed the form. There was also a record of a best interests discussion

with their relative. People's human and legal rights were maintained but we recommend that all staff receive MCA training to ensure that this legislation is effectively and legally put into practice.

Staff received supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) every two to three months and an annual appraisal. Staff told us that the manager was approachable and gave them the support that they needed. They told us that they could call her for advice. Systems were in place to share information with staff including handovers between shifts and a communication book. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

People were provided with a choice of suitable nutritious food and drink. They told us they were happy with the quality of food and the choices available. One person said, "Excellent food. I've not left a dinner since I started here." Another told us, "Can have a cooked breakfast if you want." During the morning the chef asked each person what they would like for lunch and during the lunch period they spoke to people asking them about the food. At the time of the inspection none of the people who used the service had a specific dietary requirement due to their culture or religion. The deputy manager told us that meals could be provided to meet a variety of needs. The chef told us that the care staff gave them details about people's needs. We saw that the chef had information indicating the likes and dislikes of a person new to the service. People were supported to have meals that met their needs and preferences.

People were supported to eat and drink sufficient amounts to meet their needs. People said they got enough to eat drink and that they were encouraged to drink a lot. In addition to tea and coffee we saw jugs of water and juice were available and that these were refilled throughout the day.

Most people ate independently and a few needed assistance from staff. We observed that staff appropriately supported and encouraged people to eat and that they were not hurried. When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals.

Is the service effective?

People were supported to access healthcare services. They saw professionals such as GPs, district nurses and speech and language therapists when needed. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible. The GP visited for a weekly 'surgery' and told us that the staff "worked well" with the GP practice and followed any instructions they gave. A relative told us that when there were concerns about their relative the manager had arranged for the doctor to see them. People's healthcare needs were therefore identified and addressed to keep them in good health.

The service was provided in a large house in a residential area. There was a lift and also ramped access to the building making it accessible for people with mobility problems or who used wheelchairs. We saw that the provider had recently carried out some refurbishment work

which included four new bedrooms, a dining room and an accessible wet room. Specialised equipment such as hoists were used when needed. Each person had a single bedroom and most of these had ensuite facilities. We found that the ground floor corridor carpet was worn and needed to be replaced and also that the garden was not safe for people to use. This was due to the building works that had been carried out. The work was almost complete and the manager assured us that once this had happened the corridor carpet would be replaced and the garden redesigned to enable it to be safely used. People lived in an environment that was suitable for their physical needs. However some people were living with dementia and we recommend the provider review the design and decoration of the premises in line with guidance on environment and surroundings from the Alzheimer's Society.

Is the service caring?

Our findings

The service was caring. People were positive about the care and support they received. They told us that staff were kind, caring, and respectful. One person said, “Care that you wouldn’t get anywhere else.” Another told us, “They look after you here and are kind.”

We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and appropriate way. For example, when one person became agitated and anxious staff calmed them down by talking to them and giving them choices about what they could do. People told us that staff “sit and chat sometimes” and “we giggle and chat after meds”. People were supported by a staff team who knew them well. They were able to tell us about people’s individual needs and preferences. We also saw staff talking to people and explaining what they were going to do before they helped them.

People said that their privacy was respected and that staff always knocked before entering their room. A member of staff told us how they protected people’s dignity for example, when providing personal care. They said that when washing someone they always covered the part of the body that wasn’t being washed with clothing or a towel.

The staff we spoke with knew the people they cared for. They told us about people’s personal preferences and interests and how they supported them. For example, one member of staff told us that they knew when one person was in pain because they became really quiet and lost their appetite. A healthcare professional also told us that people were treated with respect and that staff knew people well.

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People were supported by a staff team who knew them well. The staff we spoke with were able to tell us about people’s individual needs and preferences. For example, one member of staff told us that they knew when one person was in pain because they became really quiet and lost their appetite. A healthcare professional also told us that people were treated with respect and that staff knew people well. There was a stable core staff group and this helped to ensure that people were consistently cared for in a way that they preferred and needed.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people made choices about what they did and what they ate. They told us, “I can choose when to get up and go to bed” and “I can go out if I want”.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP, district nurses and the local hospice. We saw that the staff team were working towards accreditation for the Gold Standards Framework (GSF) and had provided end of life care in line with this. GSF is an independent accreditation framework to support people as they near the end of their lives. The GP told us that end of life care was “managed well”. People benefitted from the support of a caring staff team.

Is the service responsive?

Our findings

The service was not always responsive.

People's individual records showed that a pre-admission assessment had been carried out before they moved to the service. The assessments were basic but did indicate the persons overall needs. We found that although care plans contained information about people's needs and wishes, they were not comprehensive. They did not contain specific or sufficient detail to enable staff to provide personalised care and support in line with the person's needs and wishes. For example, one plan stated that the person needed one or two staff to assist them with bathing depending on their mood. However, there were no further details or guidance to tell staff how they should decide if one or two people should assist the person. Another person's care plan stated that they should be reminded to use the toilet regularly. It did not specify how often this should happen. For a third person, who at times exhibited behaviours that challenged, there were not any strategies in place to enable staff to respond appropriately to these. This placed people at risk of receiving inconsistent care that did not safely meet their needs.

We saw that a number of different risk assessments were carried out but when a high risk was identified there were not always strategies put in place to minimise the risk. For example, one person had a fire risk assessment that indicated a high risk but there was no information on what needed to be done as a result of this. We found that some care plans and risk assessments had been reviewed and updated but not others. The deputy manager told us that care plans were reviewed and if appropriate updated every three months. They told us that the person's keyworker talked to them about this and also that relatives were involved if they wanted to be. Although one person told us that they were involved in decisions in respect of their relative files seen did not contain any evidence of discussions with people or their relatives.

The arrangements to meet people's social and recreational needs were limited. Staff did offer an activity in the morning

and another in the afternoon. This was usually singing, playing a ball game or some reminiscence discussions but there was not an activity programme or schedule. People told us that there were not enough activities and at times they were bored. One person said that there were no regular activities and that it would be nice to go out sometimes. People were not provided with sufficient activities to maintain their wellbeing.

People were positive about the staff and staff spoken with were knowledgeable about people's needs. One person told us, "I'm very well looked after." Another said, "I'm quite happy." We saw that in response to a quality survey one person had written, "We are happy here and are looked after well." However, the lack of detailed and specific information about people's needs placed them at risk of not consistently receiving the care that they required. This above evidence a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to people's healthcare needs. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietitian or palliative care practitioners. People told us that staff responded quickly if they called for assistance. One person said, "Staff come quick if help is needed" and another said, "They answer the call bell quickly".

We saw that the service's complaints procedure was displayed on a notice board in a communal area. Any complaints were recorded and passed to the manager for her to address. We saw that there had been a recent recorded complaint that the manager was dealing with. People informed us that if they had a complaint they would speak either to staff, the deputy manager or the manager. A relative told us that they had not had any reason to complain but they knew who to complain to if the need arose. A member of staff told us that the manager was a "no nonsense person" and would deal with any complaints or concerns. People used a service where their concerns or complaints were listened to and addressed.

Is the service well-led?

Our findings

Some aspects of the service were not well-led.

The registered manager monitored the quality of the service on a day-to-day basis. They told us they audited medicines and checked that care reviews had been completed and were up-to-date. They also told us that they occasionally carried out spot checks outside their normal working hours. However, there was not a record of these visits or of any issues found. The provider visited the service each week and spoke to people. However there was no record of what was found or discussed at these visits or of the checks that had been carried out. Neither the provider nor the registered manager had identified the issues and concerns that were found at the time of the inspection. Due to the lack of robust management monitoring people were placed at risk of receiving a service that was not safe, effective or responsive to their needs.

The provider sought feedback from people who used the service and their relatives through quality assurance surveys. We saw that some surveys had been sent out recently and responses received. However although we were told they were sent out annually the previous surveys available had been completed in 2011. The manager spoke to people who used the service on a daily basis and people told us that they were happy to talk to her and that she was a “good manager”. Relatives’ meetings were not held due to previous lack of attendance. The registered manager told

us that she spoke to relatives when they visited and got feedback on an informal basis. This was confirmed by a relative who told us that they had never attended a relatives’ meeting but had met with the manager on a one-to-one basis. The systems for receiving feedback were not robust or structured and did not give adequate information for the provider to evaluate the service.

We found that staff meetings were very rarely held. We saw that the last meeting was in May 2014 and the one prior to that in January 2012. We recommend that regular staff meetings are held to give staff collectively the opportunity to discuss work practice, people’s needs and issues that affect the service provided.

The above issues evidence a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service, their relatives and staff were positive about the management of the service. They told us that the registered manager and deputy were “good” and also that they had met the provider. One relative said, “The manager is well on the ball.” Staff told us the registered manager and deputy were both approachable. One member of staff told us, “The manager is marvellous. You can tell her things and she is fair.” However sufficient systems were not in place to identify and address any shortfalls in the service.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The standards of cleanliness and hygiene did not promote people's health and well-being. Regulation 15 (1) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not always cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. Regulation 18 (1) (a) & (2).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The lack of detailed and specific information about people's needs placed them at risk of not consistently receiving the care that they required. Regulation 9 (1) (a) & (b).

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The lack of robust management monitoring placed people at risk of receiving a service that was not safe, effective or responsive to their needs. Regulation 17 (2) (a)-(e).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.