Alvington House Limited

Alvington House Retirement Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 18 July 2016 and was unannounced. This inspection was to follow up on actions we had asked the provider to take to improve the service people received. Alvington House is a residential care home providing accommodation, personal care and support to up to 25 people. There were 12 people living at the service at the time of our inspection.

There was a registered manager in post who supported us with our inspection. 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.'

At our inspection in September 2015, breaches of the legal requirements were found and enforcement action was taken against the provider. We issued warning notices in relation to safe care and treatment and good governance. The provider wrote to us to say what they would do to meet the legal requirements in relation to the above concerns.

This comprehensive inspection was conducted to check that the actions taken by the provider meant they were now meeting their legal requirements. We found that the provider had made improvements in some areas which had made a positive difference to people they support. The improvements made means the overall rating is now 'Requires Improvement'.

Risk assessments were completed and control measures implemented to monitor people's safety. However, this was an area which required continued development to ensure risks to people safety were continually reviewed.

Systems were in place to assess people's capacity to make decisions in line with the Mental Capacity Act 2005 although work was on-going to ensure that people's legal rights were protected. Staff spent time with people to ensure that consent was gained prior to delivering care

The range of activities offered to people had improved and people told they enjoyed the activities provided. However, continued work is required to develop activities in line with people's needs and interests.

Safe recruitment procedures meant that people were supported by suitable staff. Staff were knowledgeable about their responsibilities in protecting people from abuse and where concerns had been raised these were reported to the relevant authorities. Induction and training were provided to staff to enable them to carry out their role effectively. Staff told us that they received support from the registered manager and records showed that regular staff supervisions took place.

The home had taken steps to ensure that people would continue to receive care in the event of an

emergency. A contingency plan was in place and fire evacuation drills were carried out regularly. Equipment was regularly service and regular audits of the premises and health and safety systems were completed.

People told us they enjoyed their meals and were offered a choice of food and drinks. People's nutritional needs were monitored and reviewed and staff were knowledgeable about their likes and dislikes. The service worked with a range of healthcare professionals to ensure that people's healthcare needs were met.

People told us that staff treated them with care and compassion. Staff interacted with people in a positive and respectful manner and. Staff knew people well and were observed to chat with people about their family members and past lives.

Care plans were completed with people's involvement and were reviewed regularly. Details about people's likes, dislikes and preferences were recorded along with personal information about the people's lives. We observed that staff cared for people in line with their wishes.

Quality assurance systems had been developed to continually monitor the quality of the service provided. The registered manager and provider worked together to make improvements to the service and staff were able to contribute and express their views.

Feedback regarding the service was gained from people, relative and other professionals. Quality surveys took place annually and comments were listened to and action taken. Resident and relatives meetings were held to discuss developments in the service and gain feedback. There was a complaints procedure in place which was clearly displayed and people told us they felt any concerns would be taken seriously.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety were identified and control measures implemented. Continued work is required in this area to ensure that systems are embedded into practice.

Sufficient staff were deployed to meet people's needs safely.

Staff were aware of their responsibilities in safeguarding people from abuse and how to report any concerns.

Safe recruitment procedures ensure that only staff suitable to work in the service were employed.

There was a contingency plan in place to ensure people would continue to receive care in an emergency.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements had been made in assessing people's capacity and protecting their legal rights. This area continues to be developed within the service.

Staff received appropriate induction, training and support to carry out their roles.

People's nutritional needs were met and a choice of food and drinks were provided.

People had access to healthcare professionals to support their healthcare needs.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and knew people's preferences well.

People's dignity and privacy were respected.

People were supported to make choices regarding their care and support.

Relatives and visitors were welcomed to the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities available to people had increased although further development was required.

People were involved in developing their care plans which were detailed and person centred.

There was a complaints policy in place and clearly displayed.

Is the service well-led?

Requires Improvement

The service was well-led.

The service had made significant improvements and continued to develop systems to further improve the service.

The provider and manager worked together to monitor and improve the service provided.

Audits were completed to monitor the quality of the service provided.

People's views of the service were sought and action taken where concerns were raised.

People and staff told us the registered manager was supportive and flexible.

Alvington House Retirement Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 July 2016 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We reviewed the information contained within the Provider Information Return (PIR). A 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.

We spoke to six people about their experience of living at Alvington House and observed the care and support provided to them. We spoke to the registered manager, the provider, and three staff members, during the inspection and two relatives following the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at four care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in September 2015 we found concerns regarding the safety of people's care. These included the unsafe storage and administration of medicines, poor infection control procedures, risks to people's safety were not adequately assessed and recruitment procedures were not robust. At this inspection we found that improvements had been made in all areas although some continued improvement was required to ensure that changes were embedded into practice

People and their relatives told us they felt safe and secure at the home. One person said, "I do feel safe, staff make sure people don't come into my room and I can lock my door if I need to." Another person told us, "I feel safe, they test the fire alarm, don't have things to fall over and the water is the right temperature." One relative said, "Yes I think Mum's safe. If she rings the bell they come. There's always staff around."

Improvements had been made to the way in which risks to people's safety was assessed and managed. Care records showed that risks to people's safety and well-being had been identified and control measures implemented to keep them safe. These covered areas including falls, malnutrition, medicines and personal care. For example, where people continued to take their medicines themselves without staff support, locked drawers were provided and staff continued to check they were comfortable with doing this. Staff were seen to follow the guidance provided within risk assessments to help keep people safe. However, we observed that two people were struggling to stand when transferring between chairs. On one occasion staff needed to call for assistance to prevent the person from falling. We discussed this with the registered manager and they made referrals for the people involved to have their mobility needs reassessed.

We recommend that people's changing needs are regularly reviewed to ensure that risks to people's safety and well-being are continually re-assessed.

People received their medicines in line with their prescriptions and systems were in place to ensure medicines were stored, administered and recorded safely. The medicines cupboard had been moved to ensure it was secure at all times and medicines were stored in an orderly manner which minimised the risk of mistakes occurring. People's Medication Administration Records (MAR) charts contained an up to date photograph and any allergies were clearly listed. There was an up to date staff signature list to identify which staff had signed to confirm medicines had been administered.

MAR charts were completed clearly and there were no gaps in administration. Staff administering medicines had received training and their competency had been assessed. Staff were confident when supporting people with their medicines and demonstrated a good understanding of the systems in place. There were clear protocols in place for the administration of PRN (as required) medicines. Where people chose to be in control of their own medicines this was recorded and medicines were stored in a locked cupboard in their room.

There were sufficient staff deployed to meet people's needs safely. One person told us, "I think there are enough of them but they have a lot to do. If I ask for anything they do it and always stop to have a chat."

Staff told us they had enough time to respond to people without rushing them. One staff member told us, "It's about right at the moment; we would need more staff if more people moved in but I'm sure they would sort that. No one has to wait for anything." We observed that people received care promptly and staff took the time to sit and talk to people. Staffing rotas showed that minimum staffing levels the registered manager had determined as being needed to support people safely were consistently met.

People were safe because staff understood their responsibilities in reporting safeguarding concerns. Staff told us, and records confirmed that they had received training in how to recognise and report abuse. They were able to describe the possible types of abuse and signs to look for which may alert them to potential abuse. Where concerns had been identified we saw evidence that these had been reported and addressed. Staff were clear that they would report any concerns to their line manager, the local authority safeguarding team or to the police if required. One staff member told us, "I would report anything straight away. It's a priority that people are safe and well looked after."

People were protected from the risk of abuse because there were safe recruitment procedures in place for new staff. Staff files showed that references were obtained for staff and a Disclosure and Barring System (DBS) check was carried out. DBS checks identify if a prospective staff have a criminal record or are barred from working with people who use care and support services. There was photographic identification on each staff member's file and their right to work in the UK had been checked. We found that there was no evidence that two staff had undergone a face to face interview prior to starting work. However, staff confirmed that they had completed this process prior to being offered a position.

Infection control procedures had improved and people were protected from the risk of infection. The laundry area had been reorganised to ensure that clean and soiled laundry were separated and protective gloves and aprons were available. Staff were able to tell us the correct temperatures for washing soiled items and we observed that this was followed. The provider had purchased industrial style washing machines which had a sluice facility to ensure items were cleaned effectively. The laundry area was situated at the rear of the building and during our previous inspection staff were observed carrying soiled laundry through the dining room. During this inspection we saw that this had been rectified and staff were using the appropriate access to the laundry room.

Procedures were in place to ensure that people's care needs would continue to be met during an emergency. A contingency plan had been developed which directed staff as to the steps they should take in the event that the building needed to be evacuated. Arrangements had been agreed with other local care homes to ensure that people's care could continue to be delivered. Staff were able to describe their responsibilities should an emergency occur and were aware of the contact details for the on-call service.

Routine maintenance and checks were recorded. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition and the home had an up to date fire risk assessment. Fire drill records evidenced that staff were aware of how to support people to leave the building safely.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in September 2015 we found there was a risk that people's rights were not always protected as staff did not have an understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). During this inspection we found that improvements had been made and the registered manager was aware of the need for continued development in this area.

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. 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).

Staff had received training with regard to the MCA and we found that their knowledge had improved. One staff member told us, "It's about people making their own choices. People can have capacity for different decisions." Another staff member said, "It's for people who can't make decisions and they need to decisions made in their best interests. The registered manager told us that systems had been implemented to assess people's capacity and they were in the process of working through these. Care files we viewed evidenced this was the case and that people's capacity to make decisions was being now being considered. However, we viewed on persons file which showed the MCA had not been fully completed. The registered manager told us they were still in the process of working through this and would establish if a DoLS application was required.

No one living at the service was currently subject to DoLS. All areas of the home were accessible to people and external doors were unlocked. Staff took time to gain people's consent before supporting them. We observed staff routinely asked people what they would like to do or inform them what was going to happen next.

We recommend that the processes implemented with regard to the MCA and DoLS are embedded into practice.

At our last inspection we found that staff had not received sufficient training and supervision to support them in providing effective care. At this inspection we found that sufficient improvements had been made.

Staff received regular supervision to monitor their performance and identify any areas of development. Staff files contained evidence that they received supervision regularly and had an annual appraisal. Staff confirmed they had the opportunity to meet with their line manager. One staff member said, "It's good to have the time and to be told you're doing a good job."

People received care and support from staff that had the skills and knowledge to meet their needs. People

told us they felt that staff were competent in their roles. One person said, "I think they're well trained, they seem to know what they're doing, I've no complaints." One relative told us, "They seem very good. They know the people well and know what they require."

New staff received an induction into the service to give them the skills and information they required to support people safely. One staff member told us, "I completed an induction with senior staff when I came here. They took me round and showed me where everything was and fire procedures. I shadowed them for a week before I worked on my own." Records confirmed that staff received induction into their roles and that mandatory training was provided to all staff. The registered manager kept records of the training staff had completed and monitored when refresher training was required. Training provided to staff included moving and handling, first aid, infection control, safeguarding and first aid. Staff told us they thought the training was good and supported them in their role. One staff member said, "The training is good and gives you confidence in what you're doing. I was supported to get my NVQ."

People's nutritional needs were met in line with their needs and preferences. People were generally complimentary about the food. One person said, "Food is excellent; we had wonderful roast beef and summer pudding yesterday." Another person told us, "They do a good job and try to give us what we want. It's not always like I'd make it at home but you can't please all the people all the time. They do try though; I don't like cream so they give me ice cream and always give me boiled potatoes rather than mash. That's the way I like it."

People were offered a choice of meals and drinks. Where people had difficulty selecting their meal; they were shown two plates to choose from. The chef kept a list of people's likes and dislikes and we observed they went to each person to ask if they were enjoying their food. They told us that if people commented on something they had particularly enjoyed or didn't like they would record this so they were aware. A food audit had recently been completed and this was being used to develop new menu plans in line with people's comments. We observed the food served at lunchtime looked and smelt appetising and people told us they had enjoyed their meal.

Dining room tables were set nicely and staff were vigilant in providing support to those who needed help with cutting up their food. Staff and the chef were aware of people's dietary needs. The chef told us, "I'm always told if someone needs something different, they're good at keeping me up to date." People's weights were monitored regularly and action taken if any significant changes were noted.

People had access to relevant health and social care professionals when required. One person told us, "I see the GP when I want and I see the community nurses who are excellent." Another person said, "My son will call the doctor if I need him to, that's the way I prefer to do it. The staff would do it if I wanted them to and always talk to them (GP) when they come. Records confirmed that health professionals were involved in people's care including doctors, district nurses, dentists, chiropodists and opticians.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and considerate. One person said, "The staff are good to us, they come and chat with me. Only have to ask and they do things for you." Another person told us, "Staff treat me well, staff are excellent, couldn't fault them. They come and chat with me on a regular basis." One relative said, "Staff are very caring, they're all very nice. They always have a chat with Mum. If they've been shopping they'll bring her in a bit of fruit they've bought for her. Always willing to do what she's asks of them."

Staff knew people well and cared for them in a supportive and kind way. When speaking to people staff knelt at the side of them or sat next to them. We observed staff touching people's hands or shoulders in a caring and reassuring manner. One person became upset and said that they wanted to die. The staff member sat with them and calmly reassured them by talking about their family. Staff were able to tell us about people's needs, their family and past lives and we observed staff use this knowledge to engage people in conversation. One staff member told us, "I am proud of the care we give, everyone is happy. We remember the little things like making someone's bed nicely, or going for a walk." We later saw one person approach the staff member and thank them for making their bed nicely.

People were supported to maintain their independence and make choices about their day to day lives. One person told us, "Care staff are good. They are used to me and know all my ways. I can go to bed when I want and get up when I want." Another person said, "I'm able to do what I like, my son comes every day and we go out regularly together. They make sure I get my paper and talk to me about what's happening in the world." One staff member came to ask someone if they would like to go for a walk later and talked to them about where they would like to go.

People were treated with dignity and their privacy was respected. One person told us, "The staff always knock on my door before they come in. They never intrude." Another person said, "I like to spend time in my room, they (staff) come and chat but don't bother me. They always knock and say hello." Staff told us they always considered people's dignity when supporting people. One staff member told us, "I always close the curtains, ensure the door is closed and put a towel over a person's lap to cover them. I talk with them step by step about what we are doing." We observed that staff knocked on people's doors before entering and approached people discreetly when asking if they would like support with their personal care.

People's bedrooms were personalised and decorated to their taste. The registered manager told us people were able to bring their own furniture and personal items with them when they moved in to help make them feel at home. One person told us, "I brought my own furniture; I have a carpet and fridge of mine in my room and a double bed with my own bedding." Other people's rooms contained personal items such as photographs, lamps and pictures.

Visitors to the service were made to feel welcome. One person told us, "My son is here all the time but it's not a problem. He's always welcome." One relative said, "I'm always made to feel welcome. Staff always have a chat and offer me a drink. It's always friendly."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in September 2015 we found there was a lack of activities which suited people's individual needs. At this inspection we found that some improvements had been made although people and relatives told us they still felt that more could be done. One person said "I get bored, we have exercises a couple times a week, they're very good, and I go out for a walk but that's about it. People living here have changed; they sleep a lot so I don't think they (the service) bother to put things on." One relative said, "They don't seem to motivate them enough, they could do with more. My (family member) needs more mental stimulation."

The registered manager told us that since the last inspection they had increased the number of activities available. Music and movement sessions were run twice each week, a pianist visited twice each month and an entertainer had started to visit monthly. Staff were responsible for organising other activities and supporting people to go for walks. The registered manager said they were aware this was an area which required continued development and had started to introduce activity records to monitor the activities people participated in and enjoyed. During the afternoon we observed that most people attended the music and movement session, people joined in and appeared animated. Staff members were heard asking people if they would like to go for a walk and it was clear from their discussions that this happened regularly.

Information regarding people's hobbies was contained within people's care records and used by staff to generate conversation. However, this information was not used when planning activities. One person told us they used to enjoy gardening but no longer had the opportunity. Another person said they had always cooked and baked for their family but had not done this since moving into the service.

We recommend that activities provided to people continue to be developed and take into account people's hobbies and interests.

At our last inspection in September 2015 we found that people's needs were not always assessed and care plans were not completed in a timely and effective manner. At this inspection we found the staff had made significant improvements and that assessments and care plans reflected people's needs.

People's needs were assessed prior to them moving into the home to ensure their needs could be met. People who were able were involved in their assessment as much as possible and information was also obtained from relatives and other professionals who were involved in the person's care. Care plans were personalised and detailed daily routines specific to each person were recorded. One person's plan stated that they didn't have a set time to get up and sometimes liked to have a lie in. The person told us this happened and during the inspection we observed the person chose to stay in bed until 10am. Records showed that the person chose to get up at different times and they were offered support when they rang to let staff know they were awake. Another person's care plan detailed that it was important to them to look nice and wear make-up every day. The person told us they were able to do most of this by themselves but staff were always willing to help when they asked. Areas covered within people's care plans included, nutrition and hydration, communication, physical health and personal care needs.

People were fully involved in reviewing and developing their care plan. One person told us, "I know I have one. I was asked lots of questions when I moved in and they still come and talk about it. Another person said, "They come in every month and go through it with me, ask me if there's anything I want to change and I sign it." Information regarding the person's family, early memories, past occupations and preferences were clearly recorded. When asked, staff were able to share information about the person and their past lives.

There was a complaints procedure in place which was clearly displayed and gave clear guidance on how to make a complaint. There had been no complaints made since the last inspection although people and relatives told us they believed that their concerns would be taken seriously if they had reason to raise a complaint. One person told us, "I think they'd do something if I said something was wrong, they're very good with everything." One relative told us, "I've considered it the past but the situation resolved itself. I wouldn't be worried about complaining and think I'd be listened to." Staff told us they were aware of what to do if they received a complaint. One staff member said, "I'd make sure I took the detail and pass it on to the senior or the manager."

Requires Improvement

Is the service well-led?

Our findings

At our inspection in September 2015 we found there was a lack of managerial oversight and systems were not in place to monitor the quality of care provided. During this inspection we found that significant improvements had been made but further improvement was needed.

People and relatives told us they felt the home was well-led. One person said, "The manager is just lovely, will do anything for us." A relative told us, "I think it's well managed, Carol is very nice. When she's not there people step up, I've not noticed a lack of leadership. I've met the new owner and they seem very nice as well."

Audits and checks of the service were carried out by the registered manager and senior carer. These included checks on cleanliness, medicines, maintenance of the home and care plans. Where improvements were required action plans were developed with timescales to achieve the desired outcomes. For example, where actions had been identified during the health and safety audit these were reported to maintenance and actioned within the same month. The audit system was becoming embedded within the service and the manager told us they were gaining confidence in monitoring the quality of the service and addressing issues. However, although the registered manager was able to demonstrate they understood the need for continued improvement in the areas previously highlighted within this report, they had not completed action plans to ensure these were addressed in a timely manner.

We recommend that effective systems to record and monitor areas which require improvement are implemented.

Following the last inspection the provider had recognised the need to ensure that the issues identified were addressed promptly. They had therefore employed a consultant to support the registered manager in implementing systems and monitoring the quality of the service. The registered manager told us this support had been valuable and felt they had learnt a lot. Although they recognised that there were still pockets of improvement required they felt this was now manageable. Discussions with both the registered manager and provider showed that they were now working collaboratively to make improvements to the service. Regular management progress meetings were held and the provider visited the service approximately three times each week. The provider told us, "We have spent time meeting with other providers and registered managers and have done lots of research. Although the last report was a shock as we'd only recently taken over, we took it as a positive. It's been a steep learning curve but the improvements that have been made will set things up positively for the future. We owe a lot to the manager and the staff."

Staff told us they felt improvements had been made in the service and they felt the structure was stronger, supportive and more organised. One staff member said, "Things have absolutely improved. It was very old school but it's been brought up to date in the way things are done. We've all pulled together to make sure it happens, we all want it to work for the people here and the owners. They really care, they're very hands on, they aren't just in it for the money." People and relatives told us that the provider had been open and transparent about the previous inspection report and had taken time to reassure them that the required

action was being taken. One relative told us, "They were very honest with us, they didn't try to cover anything up." Minutes of a residents and relative meeting showed that concerns had been expressed and listened to by the provider and registered manager.

Feedback was obtained from people, relatives and other stakeholders regarding the quality of the service. Questionnaires are sent on an annual basis to gain people's views of the service. The last audit was completed in October 2015 and records showed that the results had been collated and action set to improve the areas highlighted as a concern. The main issues raised were with regards to people's laundry going missing and food choices being limited. We spoke to people during the inspection and were told that improvements had been made in both of these areas. Questionnaires contained a number of positive comments including, 'I'd firstly like to say how much I like Alvington House, the staff and the care mum receives', 'I would like to thank everyone for their kindness and caring' and 'I find life to be successful'. Regular residents meetings were held and records showed that relatives had also been invited to a number of the meetings. Developments in the service were discussed and people were given the opportunity to raise concerns.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

Staff told us that the registered manager was supportive and that they felt able to ask questions or share concerns. They told us, and records confirmed, that regular staff meetings were held and they had the opportunity to share their views and ideas. One staff member said, "(Registered manager) is very flexible and will always help when needed. We get good support, we work as a team. It's a small home so we know everyone's needs and get lovely feedback from people's families. The good team work means we have a nice atmosphere. I love coming to work."