

Silversword Limited

Old Alresford Cottage

Inspection report

Old Alresford
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Old Alresford Cottage is a residential care home providing accommodation for up to 44 people with personal care needs. There were 38 people using the service at the time of the inspection.

People's experience of using this service and what we found

Safe recruitment procedures were not always followed. The Schedule three requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014 had not always been met. This meant staff had not always been safely checked to ensure they were suitable to care for people. Relatives and staff confirmed that there were sufficient staff deployed to meet people's needs.

Risks to people were mostly recorded in their care plans. However, care plans and risk assessments relating specifically to health did not always contain sufficient clarity of detail to enable staff to carry out the support safely.

Medicines were administered by staff who knew people well and there were appropriate policies and systems in place to protect people from abuse. We were assured that the provider was preventing visitors from catching and spreading infections, and we were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The provider had utilised different communication methods to support people to maintain contact with their relatives and friends throughout the pandemic.

The provider had some systems in place to monitor and assess the quality of the service and to drive improvements. However, these were not always effective. The COVID-19 pandemic had placed additional pressures on the service and the provider told us the priority had been ensuring people and staff were safe during the pandemic. They were open and transparent about the challenges and the plans for improvements.

The provider was passionate about ensuring people felt at home and comfortable in the service. The registered manager and staff got to know people and their individual likes and preferences. We saw multiple examples of how people had been supported in a person-centred way. Relatives told us they received regular communication from the service and confirmed they were able to feedback and felt listened to. The emotional wellbeing of people was a priority for the provider during the pandemic. We saw how they had adapted their activities programme to ensure people remained engaged throughout.

The relationship between management, staff and people was positive. Staff told us that they felt involved in the service and that the management were supportive. The provider had continued to work closely with professionals throughout the pandemic to ensure best outcomes for people. They had strengthened their relationship with the local community and had created a virtual community for people to access throughout the pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last

The last rating for this service was good (published 21 December 2018).

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The inspection was prompted in part by notification of a specific incident following which a person using the service sustained a serious injury. This incident is subject to an investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of falls.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Alresford Cottage on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe recruitment procedures and governance of the service, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Old Alresford Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Old Alresford Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. However, having consideration of the coronavirus pandemic, we gave the registered manager notice of our arrival from outside the premises. This was to ensure safe systems were in place to protect everyone.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, one relative and one professional about their experience of the care provided. We spoke with eight members of staff including the registered manager, nominated individual, deputy manager, regional manager, senior team leader, head of infection, health care assistant and an activities coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at seven staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We received feedback from four relatives to obtain their feedback about leadership and the quality of care provided.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment practices were not always followed.
- The Schedule three requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014 had not always been met. For example, we found for four staff members that there were gaps in their employment histories. This meant the provider was not able to consider whether the applicant's background impacted on their suitability to work with vulnerable people.
- Another example, for two staff members, we found that satisfactory evidence of conduct in previous employment in relation to health or social care could not be evidenced by the provider. Therefore, the provider was not able to confirm that the conduct of the staff members had been satisfactory in that employment.
- Schedule 3 sets out eight categories of information required to be kept by providers about all persons employed. Such as, satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care, and a full employment history, together with a satisfactory written explanation of any gaps in employment.

The failure of the provider to not obtain a full employment history of staff, or evidence of conduct in employment, is a breach of Regulation 19 schedule 3 as the provider had not obtained a full employment history of staff of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The provider provided told us that they would be carrying out an audit on all staff files following the inspection.

- Staffing levels were based on the needs of the people living at the service. We observed sufficient staffing levels throughout the inspection and staff appeared unhurried and responsive to people. Relatives and staff confirmed that there were sufficient staff deployed to meet people's needs. One relative told us, "They manage their staffing fantastically well."

Assessing risk, safety monitoring and management

- Risks to people were mostly recorded in their care plans. However, care plans and risk assessments relating specifically to health did not always contain sufficient clarity of detail to enable staff to carry out support safely. For example, a mobility care plan contained conflicting information to the person's falls risk assessment.
- Other examples included, risk assessments relating to falls did not contain information about how to support people following a fall. For one person identified as at risk of choking, their care plan relating to

nutrition and hydration did not provide sufficient guidance to support them safely. Care plans relating to moving and handling did not always contain details such as which size slings people used. Specific risks had not always been assessed and recorded. For example, one person who was supported to use a wheelchair did not have a risk assessment in place. We have reported further on these concerns in the well-led domain of this report.

- However, we found no evidence that people had been harmed and the risks were mitigated by staff demonstrating that they had good knowledge of the correct information for people and could describe in detail what action they would take to support people safely following an incident such as a choking incident or a fall. In addition, the staff member who was trained in moving and handling told us that when they deliver the training to staff, they review with all staff the risks associated with moving and handling equipment and specifically review risks relating to wheelchairs.
- The provider responded immediately during and after the inspection. They demonstrated they had identified some of the concerns prior to the inspection. For example, they had identified inconsistencies with some of the nutrition and hydration care plans and shared the meeting minutes detailing the action they had planned to address this.
- The registered manager shared details for the multi session falls prevention training package a new staff member was scheduled to attend. They told us of their plans for the staff member to become a falls champion and how the documentation related for falls would be reviewed and updated.
- During the inspection, the provider started to update the care plans with additional and accurate detail.
- Fire safety maintenance, servicing and testing was in place.
- During the COVID-19 pandemic, the provider risk assessed required maintenance, servicing and testing. Tasks that were identified as non-urgent were postponed reducing non-essential visitors to the service. Where the provider experienced delays to planned works they had implemented temporary solutions. For example, additional temporary lighting had been made available for use in an emergency until the planned permanent additional emergency lighting could be installed. This meant that risks to people were minimised.

Using medicines safely

- Medicines were administered by staff who knew people well. We reviewed the paper medication administration records for six people and found the recordings accurately reflected the amount of medicines administered.
- The provider had implemented an electronic care planning system which had made some of their medicines administration processes more effective. For example, some people had prescribed medicines that were administered only when needed. The electronic care planning system had a colour coded system to track when the medicine was needed and when the tracker turned red staff were aware that the medicine was required to be administered. As these medicines were administered infrequently, and only when needed, this reduced the risk of the medicine's administration being missed.
- However, recently the provider had changed their recording process for topical medicines from paper records to electronic records. This had not been implemented as effectively; we observed that the electronic record did not direct staff clearly in where to administer the topical medicine, unlike the paper records they had been using previously. We were concerned that topical creams may not be administered correctly and would increase the risk of skin breakdown for people.
- We raised this with the provider who told us they were still embedding the electronic system. The provider demonstrated they could adapt the electronic recording system to ensure staff were aware of where, and how, to administer topical medicines effectively. The provider told us they had implemented this promptly following the inspection.
- Medicines were mostly administered safely. However, we observed for one person the recording of a topical medicine did not provide assurances that the prescribing doctors directions were being followed. We

spoke to the provider about this and they took prompt action to review their records and liaise with the prescribing doctor to implement an effective way to record the administration of the topical patch going forwards.

- Staff had received medicine administration training and systems were in place to regularly assess staff competence.
- Good medicines practices were observed in relation to the storage of medicines and opened medicine packages were dated.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe and happy with the provider. One person told us, "Very safe, it is comfortable here. Very comfortable." Comments from relatives included, "[resident's name] is definitely safe", "They have managed the period of COVID-19 very well in my view. They always seemed to have the right amount of PPE and managed their staff well" and "It is warm and comfortable with very caring staff - very personal and individual care."
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. Staff told us they were confident that concerns would be responded to appropriately.
- There were processes in place for investigating any safeguarding incidents that had occurred.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "I do the test before I go in and I feel so safe; they have sanitiser and clean the chairs between visits."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. The registered manager had proactively sourced PPE throughout the pandemic and effectively managed their stock. The registered manager told us how some people had chosen to wear PPE for their own reassurance and that they had been able to support this for them by providing PPE for anyone who wanted it.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed regular cleaning taking place throughout the inspection and all visitors into the service were required to disinfect their shoes before entering.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the registered manager. A process was in place to review accidents and incidents on a regular basis.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice sought from relevant health care professionals.
- The registered manager showed us some recent learning from an incident which had resulted in them reviewing their processes making them more robust.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had some systems in place to monitor and assess the quality of the service and to drive improvements. We saw evidence of quality assurance audits with clear actions and timescales identified. However, these were not always effective. For example, the provider had identified improvements were required in record keeping, but these remained an issue at the inspection. Such as, the inconsistencies and lack of detail in care plans and risk assessments.
- The registered manager had a process in place for reviewing and analysing incidents. However, this was not always effective. For example, although we could see falls analysis taking place regularly with actions identified to reduce risks, we found that risk assessments and care plans relating to mobility and falls risks had not always been updated following a fall.
- The quality assurance audits in place had not identified all the areas of concern we found during the inspection. This included the quality and accuracy of care plans and risk assessments, risk management, medicines and staff files. We could not therefore be assured that these issues would have been identified and addressed if we had not carried out the inspection which would have posed an ongoing risk to people using the service. These were not minor issues as they posed risks to people's safety and wellbeing.
- We have reported on this in more detail in the Safe domain of this report. We were concerned that the governance in place at the time of the inspection did not always support the delivery of safe care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to effectively assess, monitor and improve the quality and safety of the service, nor to maintain accurate records of people's care and treatment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. We have reported on this in more detail in the Safe domain of this report.

- The COVID-19 pandemic had placed additional pressures on the service. The provider told us the priority had been ensuring people and staff were safe during the pandemic. They were open and transparent about the challenges and the plans for improvements they were working towards.
- The provider had regular operational meetings to review best practice and share lessons learnt. In addition, the registered manager told us how they had remotely attended forums and met with other

registered managers throughout the pandemic to share good practice and learning. The registered manager told us how they had been able to provide practical support to other providers during the pandemic by providing PPE supplies in emergency situations without impacting on their own PPE requirements.

- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. They kept up to date with guidance and advice through accessing the providers policies and attending registered managers conferences. They ensured best practice was disseminated to the staff team.
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in line with the duty of candour. There was a process in place when things went wrong or there were incidents that supported the duty of candour. The registered manager demonstrated how they had implemented learning from a recent incident to make this process more robust.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about the service. Relatives told us, "They are fantastic", "The care is excellent and respectful of each individual", "I think it's good, well managed and caring. I would (and have) recommend it to others" and "I regard them as excellent at all levels."
- The provider was passionate about ensuring people felt at home and comfortable in the service. The registered manager and staff got to know people and their individual likes and preferences. One person had been supported to move into the service with their pet. A relative told us, "They go out of their way to provide what [relative's name] wants. It is like a family; we all know them, and they all know us... It's not just [relative's name] they look after, they check in with me and how I am."
- We saw multiple examples of how people had been supported in a person-centred way. For example, one person enjoyed feeding birds and so the provider arranged a bird table in the grounds and provided bird feed to the person to enable them to feed the birds regularly. Another person who was skilled in DIY had been supported to be involved in repairing a broken fence. Other examples included; supporting a person to continue being able to shop online and supporting access to religious services via video calling and providing people with wine and bread for communion.
- Relatives told us they received regular communication from the service. They confirmed that they were able to feedback both formally and informally to the service and that they felt listened to. Comments included, "They always seem to know how my [relative] is, whoever I talk to", "Always engaging with both my [relative] or me during visits/phone discussions", "Questions about your loved one are always answered" and "if they can't answer a question immediately they will find out and contact me later."
- Some relatives told us the COVID-19 pandemic had impacted on them being able to visit the service as regularly as they would have done previously. For example, to attend reviews. However, the consensus was that the provider had ensured that relatives had been kept informed and updated. One relative told us, "Formal Review sessions seem to be annually, but have lapsed over the last 15 months. But I feel I know all the issues and visit regularly."
- The provider had utilised different communication methods to support people to maintain contact with

their relatives and friends. For example, telephone calls, video calls, window visits, garden visits, newsletters, social media and e-mails.

- The emotional wellbeing of people was a priority for the provider during the pandemic. We saw how they had adapted their activities programme to ensure people remained engaged throughout. For example, the provider created a virtual community including all their services. They utilised technology to hold virtual social events across multiple sites. For example, themed quizzes, competitions and sporting events. Both people and staff embraced these activities. People were encouraged to bake, decorate and dress up. The provider planned to continue this post the pandemic due to its success and popularity. We were told of plans for people from different sites to meet each other in person when it was safe to do so.
- The relationship between management, staff and people was positive. Staff told us that they felt involved in the service and that the management team were supportive. Staff told us, "Their door is always open" and "You can go in and speak to them and I think they are both fair."
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and on display.
- The provider had sourced external support for staff to support their well-being throughout the pandemic. They had provided access to a mindfulness and relaxation app as well as access to confidential counselling. In addition, they had implemented various initiatives to support staff well-being. Staff told us how they appreciated this and felt valued.
- The COVID-19 pandemic had placed additional pressures on the service and the management team and staff told us how the senior managers within the organisation had been present and supportive. One staff member told us, "[Registered manager's name] and [deputy manager's name] listen to me and also [regional manager's name], every time he comes in he asks me if we need anything, like equipment or anything a particular resident needs."
- The registered manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff. For example, staff were supported to access further development training and career progression. During the inspection we observed various training opportunities available for staff to sign up to. One staff member told us, "I found the course and asked [registered manager's name] and he said yes and funded it."

Working in partnership with others

- The management and staff team worked in partnership with a variety of healthcare professionals. The registered manager told us how they had continued to work closely with the district nurses throughout the pandemic to ensure best outcomes for people. The podiatrist and hairdresser both worked exclusively with the provider during the pandemic. This meant that people were able to access their professional services when they wanted to.
- The registered manager told us how they had been working closely with professionals to develop their training and documentation. For example, the CCG were supporting them to access training in skin integrity and falls prevention for staff. Whilst another professional was supporting them to develop person-centred portfolios for each individual.
- Necessary referrals were made when people's needs changed, for example, to speech and language therapists or physiotherapists. One professional told us, "I have every confidence in them... they are very willing to do things and the care is excellent."
- During the pandemic the provider had strengthened their relationship with the local community. For example, they had provided a local gin distillery with the start-up costs to produce hand sanitiser, they then offered hand sanitiser to anyone locally within the community who were struggling to source hand sanitiser.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to effectively assess, monitor and improve the quality and safety of the service, nor to maintain accurate records of people's care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The failure of the provider to not obtain a full employment history of staff, or evidence of conduct in employment.