

Leonard Cheshire Disability

Alne Hall - Care Home with Nursing Physical Disabilities

Inspection report

Alne Hall
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

Since our last inspection a new registered manager and deputy manager had been employed at the service. They had worked as a strong team to mentor and empower the staff to make improvements to the support people received. The provider had allocated specialist support to aid those improvements.

Lots of checks had been completed to help the provider understand if improvements were being made. The checks did not always highlight areas for improvement, or where they did we saw action plans were not recorded effectively. The provider had a system to ensure accidents and incidents were well managed and that lessons were learned and changes made to prevent a reoccurrence. We saw this system was not always followed and this meant people were at risk. These systems needed to work better to ensure safety and quality for people.

People, their relatives and the staff all told us they felt more confident in the leadership and management of the service. Good staffing levels afforded people responsive and dignified support.

Staff morale was good and everyone was committed to ensuring people received care and support based on their preferences and choices. People told us they enjoyed their food, the range of activities and felt well cared for. People said they were always treated with respect. Care workers were eager to be involved in the social aspects of people's lives, which demonstrated their commitment to people's overall wellbeing. The registered manager was looking for ways to develop this, particularly to ensure activities are provided at weekends in future.

Positive changes were seen at this inspection and the motivation for continuous improvement was demonstrated by the staff team within the service. More robust systems would support the provider to make further change to sustain improvements made.

More information is in Detailed Findings below

Rating at last inspection: Requires improvement (report published 20 April 2018)

About the service: Alne Hall - Care Home with Nursing Physical Disabilities is a residential care home that provides personal and nursing care for up to 30 people with physical disabilities. At the time of the inspection 25 people used the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection but the impact of poor governance has meant the rating remains requires improvement. This is the fifth consecutive time this service has been rated requires improvement.

Follow up: We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

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 findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our findings below.

Good ●

Is the service caring?

The service was caring

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our findings below.

Requires Improvement ●

Alne Hall - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: Two inspectors visited on both days.

Service and service type: Alne Hall - Care Home with Nursing Physical Disabilities is a care home. People in care homes receive accommodation and nursing or personal care. 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 they, along with 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.

What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people and four relatives to ask about their experience of the care

provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 16 members of staff during the inspection, including the chef, volunteer coordinator, deputy manager, nurses, team leaders, activities staff and care workers. We also spoke with the registered manager, area manager, quality manager and area quality director.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff recruitment files and 11 agency care worker and volunteer files. Various records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Aspects of safety were not consistent enough to protect people from avoidable harm.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Staff understood and applied their knowledge to their work where people required support to reduce the risk of avoidable harm. Care plans clearly identified what staff needed to do to keep people safe. However, risk assessments were not always in place or reviewed regularly, including following accidents and incidents. This meant the provider had not demonstrated they had learned lessons or acted to minimise the risk of reoccurrence. We discussed this with the provider who agreed to make improvements in this area.
- The environment and equipment was safe and well maintained. However, certificates were not always easily accessible to view and actions from safety checks were not clearly signed as completed.
- A new 'daily huddle' meeting had been successfully implemented to improve communication between staff and the registered manager and enable better monitoring of people's progress.

Using medicines safely

At the last inspection in November 2017 the provider had failed to ensure safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 12.

- The provider had implemented a new electronic medicines system since the last inspection. Medicines were safely stored. Records to evidence the receipt and administration of medicines were clearer. Where people were prescribed 'as and when required' medicines, protocols to tell staff when to administer them were not always clear. The registered manager agreed to review these.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received with medicines.

Staffing levels and recruitment

- The provider had ensured enough staff were on shift so that people received support in a timely way. A tool was now used to monitor the number of staff needed, based on people's needs. People told us, "I feel there are enough staff" and "I don't have to wait. If I need anything staff do it straight away and let me know."
- We saw all staff had been recruited safely by the provider.
- Agency care workers and nurses were used to cover vacancies. Efforts were made to maintain as much consistency for people as possible. One person told us being supported by strangers could make them feel unsafe at times. We saw thorough inductions had been completed to try and overcome this challenge.

Safeguarding systems and processes

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding

of what to do to make sure people were protected from harm.

- People and relatives told us they felt they received safe care. One person told us, "I think staff care for us well and I feel safe. I am not worried about anything. A relative told us, "My family member receives good care and is safe."

Preventing and controlling infection

- The service managed the control and prevention of infection well. The service was clean and a programme of refurbishment was ongoing. Where paintwork was damaged, making it harder to keep clean and hygienic, work was underway to address this.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

Staff skills, knowledge and experience

At the last inspection in November 2017 the provider had failed to provide an appropriate induction to staff and agency care workers. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 18.

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff told us they had completed a comprehensive induction and mentoring programme. Records had not been made to evidence the induction of all the provider's permanent staff employed since the last inspection. On day two of the inspection the registered manager had instigated the completion of induction paperwork for all staff, to evidence this. The registered manager understood the importance of records to evidence induction in the future.
- Where appropriate, staff had time to maintain their professional registration and the new clinical lead for the service planned to develop nurse skills further.
- Staff told us they had received positive support through supervision, appraisal, coaching and development since the last inspection. They said this had impacted positively on their skills, knowledge and morale of the team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Eating, drinking, balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- Where people were at risk of dehydration their fluid intake was monitored. However, it was not clear how much fluid was required. By day two of our inspection, the team had ensured each person had a known target fluid intake which was reviewed at staff handover each day.

Healthcare support

- Where people required support from healthcare professionals this was organised and staff followed guidance provided. Information was handed to other agencies if people needed to access other services such as the hospital.
- It was difficult to find the last date people saw some professionals, for example the dentist. The provider told us they would implement a better system in the care plans so dates were easier to locate.

Adapting service, design and decoration to meet people's needs

At the last inspection in November 2017 we recommended that the provider use current best practice to assess the environment for people with physical disabilities to promote independence. The provider had responded to this and work had already started to make improvements.

- People had been involved in decisions about the premises and environment; for example, a new kitchenette area had been developed so people could independently access drinks and snacks.
- A specialist in environmental adaptations employed by the provider had carried out an assessment to understand which technology would benefit people and support their independence. New automatic doors open/close devices had been installed as a result.

Ensuring consent to care and treatment in line with law and guidance

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

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where decisions had been made in people's best interests we saw in a small number of cases that relatives or people's representatives had not always been involved. The registered manager told us this would occur in the future.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. One person told us, "Staff always ask my permission and I can say no if I don't want to do something."
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty the registered manager had worked with the local authority to seek authorisation for this.

Is the service caring?

Our findings

The service involved people and treated them with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

- People were observed to be treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which demonstrated this. One person told us, "I cannot think of a time when staff were not caring, it's all hunky dory." A relative said, "Staff are kind and attentive."
- Each person had their life history recorded which staff used to get to know people and to build positive relationships.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person said, "Staff are kind towards me, they support me how I like it."
- Where people were unable to communicate their needs and choices staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed. One person who was not able to communicate verbally used a communication aid to highlight their views to us.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed, staff sought external professional help to support decision making for people.
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.
- A relative told us there was always staff available to speak with them about their family member, which they appreciated. The registered manager and administration offices were located on the upper floor of the service where people could not access them. People at this inspection and in previous inspections, told us this made them feel isolated from the registered manager. The provider told us a project to relocate the registered manager's office was underway.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- A person who had recently moved into the service told us, "I have been made to feel welcome. I get on really well with some of the carers." They went on to explain how staff were working to provide technology which would support them to be independent making telephone calls and listening to their music.
- People were afforded choice and control in their day to day lives. Staff offered people opportunities to spend time as they chose.
- We observed staff treated people with dignity and respect and provided compassionate support in an individualised way.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care (including end of life care)

At the last inspection in November 2017 the provider had failed to ensure people received person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 9.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, details around how a person preferred to be supported with personal care was recorded and used each day.
- People were empowered to make choices and have as much control and independence as possible, including in the development of their care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those relating to protected equality characteristics. People's choices and preferences were consistently met and reviewed. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met people's information and communication needs, as required by the Accessible Information Standard.
- People had access to planned activities five days per week and these were supported by volunteers. Each person's preferences were known and activities were designed around those. For example, one person liked bible studies and we saw they enjoyed this activity. Another person had been supported to develop their confidence cooking and took part in this weekly. Another person enjoyed trips to the theatre.
- At this inspection we observed people had been listened to and supported well. This had increased their confidence, mood and motivation in some instances. Where previously people would isolate themselves, not engage in communication or refuse to take part in activities, we saw they now had more active and fulfilled lives. In part this was due to the leadership of the service and the staff commitment to improving outcomes for people.
- People were supported to maintain and develop relationships with those close to them, including social networks within the community. This included the use of social media and technology to communicate with relatives abroad.
- Access to the community was still a constant challenge due to the location of the service and poor public transport links. However, the team had worked hard to recruit drivers and ensure people received a responsive service. People had been supported to go on holiday where they chose this.
- Activities and access to the community had improved but still had room for further improvement, particularly at weekends to ensure everyone received a good service. Care workers were keen to be part of the social aspect of people's support. It was not always clear from the records made that people had received a positive outcome from the support received. The registered manager agreed to look at how this

could be more clearly evidenced.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints; they felt these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

Is the service well-led?

Our findings

Aspects of leadership and management did not consistently assure person-centred, high quality care and a fair and open culture.

Manager and staff roles, understanding of quality performance, risks and regulatory requirements.
Continuous learning and improving care.

At the last inspection in November 2017 the provider had failed to implement systems and arrangements to ensure people received a safe and good quality service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to meet the requirements of this regulation at this inspection.

- The registered manager and staff at the service understood their roles and responsibilities. The provider had allocated people in specialist roles to support the service to improve since the last inspection. The impact of the work the team had achieved was positive for the people they supported. People were in receipt of more person-centred support.
- We saw the overall quality assurance process did not work as intended. The provider's system involved checks being carried out by the registered manager, quality managers and specialist workers in areas such as human resources. In addition, there were electronic systems whereby accident and incidents could be reported, and safety certificates could be stored. The electronic system allowed the provider to assess compliance. There was no overall effective plan in place to oversee driving improvements within the service.
- We saw action plans had not always been produced following each of the checks. Where actions plans were in place they had not been monitored correctly and actions were signed as completed when in fact they were not. For example, staff inductions had not been recorded, but had been signed off as such. Accidents and incidents records had not been analysed for lessons learnt and care plans or risks had not always been reviewed or assessed following occurrences.
- Records were not always in place when they should have been, for example specific risk assessments. Records were not always well maintained for example accident and incident forms and at times it was difficult to access records such as maintenance certificates.

Despite the positive leadership shown at the service the provider failed to demonstrate sufficient improvement in their systems to reduce the likelihood of avoidable harm. Therefore, the service remains rated requires improvement overall for the fifth consecutive time.

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Leaders promote person-centred, high-quality care and good outcomes for people. Working in partnership

with others and involving people using the service.

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. A new registered manager and deputy had worked hard to implement new systems and to mentor a senior team who shared their vision for the service. The senior team were more involved in the running and development of the service.
- Leaders and managers positively encouraged feedback and acted on it to continuously improve the service.
- Staff understood the service's vision. One member of staff told us, "There is more focus on wanting to do it (make improvements). We are all here for the right reason, we want to do better." A team leader told us, "It is better now, more structure and support. The registered manager especially has done this by providing the support we needed. The team is strong now, the team are committed and they come to work because they like it and they go above and beyond with a good heart." A relative told us, "I have to say with [Name of registered manager] I have seen a marked difference for the better. They are hands on which is very good. It has made a huge difference in the care people receive."
- The provider involved people and their relatives in day to day discussions about their care.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

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
Treatment of disease, disorder or injury	The provider's quality assurance system failed to effectively monitor the quality and safety of the service. This included the maintenance of records relating to effective management of the service and risk management.