

Cranford Care Homes Limited

Alma Green Residential Care Home

Inspection report

Alma Hill, Hall Green
UpHolland
Skelmersdale
Lancashire
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Tel: 01695622504

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 8 May 2018 and it was unannounced. We last inspected Alma Green on 20 February 2017. At that time we found five breaches of the Health and Social Care Act Regulations 2014. These were in relation to; need for consent; safe care and treatment around the management of medicines and the control of risks; safeguarding service users from abuse and improper treatment; meeting nutritional and hydration needs and good governance.

Following our last inspection we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions safe, effective, caring, responsive and well led to at least good. At this inspection we found the provider had made the improvements required in accordance with their action plan, so the key questions of caring and responsive were found to be rated good. However, during this inspection we found two breaches of the HSCA 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance. Therefore, the key questions of 'safe' and 'well-led' remained as, 'Requires improvement.' There were several recommendations made in the area of 'effective' and therefore this key question also remained as 'Requires improvement.'

Alma Green Residential Care Home (Alma Green) 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.

Alma Green is located in the village of Upholland. It provides accommodation for up to 29 people, who require help with their personal care needs. At the time of our inspection there were 23 people who lived at Alma Green. All bedrooms are of single occupancy with en-suite facilities, consisting of a wash hand basin and toilet. A wet room is available and there are a variety of bathrooms located throughout the home, which provide assisted bathing facilities.

There are a variety of amenities within the village itself, such as public houses, shops, a library, a church and a post office. The surrounding areas of Southport, Ormskirk, Liverpool, Wigan and Skelmersdale are all within easy reach by public transport. Some parking spaces are available at the front of the premises.

There was a registered manager in place. The registered manager assisted throughout the 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.

We toured the premises and found several areas of risk, which needed to be addressed. Infection control practices were poor. The kitchen and kitchen equipment were dirty and needed to be thoroughly cleaned. We noted the kitchen was being used as a thoroughfare for staff, who were not wearing Protective Personal Equipment (PPE). The storage of food in the fridge did not meet food hygiene standards. This could have put

people at potential risk of consuming contaminated food.

The cleanliness of the premises throughout was poor and the environment was in need of updating and modernising. We noted some mattresses were longer than the bed bases and could pose a risk to people if they sat on the end. We noted some concerns around fire safety in relation to seating areas beneath stairwells and the lack of relevant information provided on the Personal Emergency Evacuation Plans (PEEPS).

During the inspection we observed staff transferring people on two occasions. One manoeuvre was by the use of a hoist. This was conducted in a competent and safe manner. The second transfer was with the use of a lifting belt for a person who was unable to weight bare. This manoeuvre was not safe and could have potentially placed the individual at risk of harm. Risk assessments were in place for the premises and these were audited on a regular basis. However, the risk assessments for one person who lived at the home were overdue for reviewing. We made a recommendation about this.

Medicines were being managed safely, although there were some minor areas where improvements could have been made. We made a recommendation about this.

We looked at how accidents and incidents were being managed. We found that actions taken had not always been documented; lessons learned had not been recorded and associated records, such as care plans and risk assessments were not consistently updated. We made a recommendation about this. The registered manager subsequently introduced a more robust system to ensure appropriate recording and monitoring of accidents and incidents was in place.

Records showed that supervision sessions had been started, but these were sporadic and annual appraisals had not been introduced at the time of our inspection. We made a recommendation about this.

People had access to external health care professionals including dietitians, occupational therapists and the speech and language team. We noted meals to be presented well and these were well balanced and nutritious. Fluid and diet charts we found could have been more structured, so that people's intake could be more closely monitored. We made a recommendation about this.

On the day of our inspection people were not offered recreational activities. We were told an activity coordinator had recently been appointed. A notice board had information about a singing group and their schedule for visits. We made a recommendation about this.

Systems and equipment within the home had been serviced in accordance with the manufacturer's recommendations and clinical waste was being disposed of in the correct manner. The environment need to be upgraded and modernised. We made a recommendation about this.

We looked at how the service protected people against discrimination, bullying, harassment, avoidable harm and abuse. We found that staff had received training in safeguarding adults and demonstrated a good understanding about the meaning of abuse. We found the service had made safeguarding referrals in line with the home's policies and procedures.

We looked at the personnel records of four members of staff and found recruitment practices adopted by the home to be robust. This helped to ensure that only suitable people were appointed to work with this vulnerable client group. The turnover of staff at Alma Green was extremely low. This helped to promote good continuity of care. We found there were sufficient numbers of suitably qualified staff employed to meet

people's needs and to promote people's safety.

Staff told us they felt supported in their roles and had received training to help them understand their role and responsibilities. We looked at the training records and found that staff were provided with a wide range of training courses.

At this inspection, we found that people 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. We found areas covering the mental capacity act and consent to be satisfactory. People's decisions had been made in their best interests and good information was provided around Lasting Power of Attorney. This helped to ensure people received care and support in a way which was best for them.

We observed staff interact with people in communal areas, although this was limited and missed opportunities to engage in conversation were evident. We made a recommendation about this.

People told us they felt involved in their care and making decisions. The plans of care we saw supported this information. We found that people's care plans were written in a person centred way. The provider had implemented a new electronic care planning system in order to move the service forward.

Audits and quality monitoring systems were in place and completed on a monthly basis. The audits undertaken had not always highlighted concerns found at this inspection. This meant that quality assurance systems were not robust.

Actions we have asked the provider to take can be found at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not consistently safe.

The cleanliness of the premises was not of an acceptable standard and therefore needed to be thoroughly cleaned throughout. Areas of risk around the environment and Personal emergency evacuation plan recording were noted.

People were protected by the safeguarding policies and procedures in place at the home. The management of accidents and incidents was satisfactory, although actions taken and lessons learned had not been recorded.

The management of medicines was generally satisfactory, although some minor issues were identified. Recruitment practices were robust and staffing levels were satisfactory.

Requires Improvement ●

Is the service effective?

This service was not consistently effective.

Staff told us that they received good standards of support. However, we found that regular records that confirmed staff supervision and annual appraisals were not available.

Staff received training in various subjects which helped them undertake their job role. However, training records were not consistently up to date.

The rights of people who did not have capacity to consent to certain elements of their care or support were promoted because staff were working in accordance with the Mental Capacity Act 2005.

People told us they enjoyed the meals provided. People were assessed against the risk of malnutrition. However, the fluid and diet charts could have been more structured.

Requires Improvement ●

Is the service caring?

This service was caring.

Good ●

We observed some kind and caring interventions being provided and people were treated equally. However, interactions were somewhat limited and there were some missed conversational opportunities.

People's privacy and dignity was respected and independence was promoted as far as possible.

Information was readily available around about accessing to local advocacy services.

Is the service responsive?

Good ●

This service was responsive.

We looked at people's care plans and found these to be person centred and well written documents.

People were supported to maintain an independent life style when possible and staff members were responsive to people's requests.

Complaints were managed well and people we spoke with said they would be comfortable in making a complaint, should they need to do so.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

We found that the service had systems in place to monitor quality assurance. However, the auditing system was not robust and had not highlighted concerns found at this inspection.

The registered manager had worked at the service since 2005 and showed knowledge about the needs of people who lived at Alma Green.

Meetings were held for service users, relatives and staff members. Feedback was actively sought from those who lived at the home.

Staff told us that they enjoyed working at the service and felt supported by the registered manager.

Alma Green Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 May 2018 and it was unannounced. This meant the home did not know we were going to inspect. The inspection was carried out by two adult social care inspectors from the Care Quality Commission, who were accompanied by an expert by experience. An expert by experience is someone who has had personal experience of the type of care being provided in the service being inspected. This expert by experience had cared for elderly relatives living with dementia.

Prior to our inspection we reviewed all the information we held about this service, which included notifications informing us about significant events, such as serious injuries, deaths and safeguarding concerns. We looked at any information received from other professionals, people who used the service and their family members.

We had received the Provider Information Return (PIR) within the timeframes requested. This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make.

We contacted community health and social care professionals for their feedback about the quality of service provided, as well as local commissioning groups responsible for external monitoring of the service.

We used a planning tool to collate all this evidence and information prior to inspecting the home.

At the time of our inspection there were 23 people who lived at Alma Green. We spoke with seven of them

and four relatives, who visited the home whilst we were there. We also spoke with four members of staff and the registered manager. We 'pathway tracked' three people who lived at the home. This enabled us to determine if they received the care and support needed and if risks to health and wellbeing were being appropriately managed.

We also looked at other documentation, which included medicine records, four staff personnel files, training information, minutes of meetings, surveys, audits of the service and other quality monitoring systems.

Is the service safe?

Our findings

Everyone we spoke with expressed their satisfaction about the standard of care they received and the quality of staff. They all felt they or their relative was safe and that the home was meeting their needs. Everyone said the home was a friendly, caring environment and all relatives said they would recommend the home to others.

Comments we received included, "I feel very safe, as there are always lots of people around to look after me. The girls are really good and my belongings are safe too"; "I think there are enough staff but occasionally I think they could do with more at night" and "My medication is always given to me every day at the right time. They [staff] leave me to take it by myself, as I am capable of doing that, but they watch me take it." A comment was made by one person in relation to those with arthritis struggling to use the nurse call system when they needed assistance. We observed this being difficult for one person who lived at the home.

A relative told us, "They [staff] are marvellous. I believe [name] is very safe. When she came here she couldn't walk and she had breathing problems. I really didn't think she was going to live long. They [staff] have been very supportive and helpful and I feel she has survived due to the care they have given her."

All the staff members we spoke with felt that people received safe care and support. One of them said, "I would happily put my mum in here."

At our last inspection on 20 February 2017 we found concerns in relation to safe care and treatment. There were failings around the control of risks and the management of medicines.

At this inspection we found that, in general medication practices were satisfactory. The policies and procedures were in the process of being updated on the electronic medication system. Staff responsible for medicines administration told us regular medication training and recent competency assessments had been completed. Records were looked at confirmed staff who administered medicines had completed annual medicine competency assessments.

There was an up to date staff signature checklist available. We observed medicines being administered in a polite and dignified manner, with clear explanations being provided of what the medicines were for. Records we saw highlighted any known allergies and medication administration was recorded accurately.

There were clear protocols in place for the administration of 'as and when required' medicines and for those drugs, such as warfarin, which required regular changes of dose. This helped to ensure people received their medicines as prescribed. Good information about medicines was recorded, such as a description of their appearance and why they were prescribed. Therefore, the previous breach of regulation 12, in relation to medicines management had been met on this occasion.

However, there were some minor areas where improvements could have been made. It is recommended that the home obtains a 'Do not disturb' tabard and an up to date copy of the British National Formulary

(BNF) guidance. Environmental temperatures should also be taken and recorded daily for the area where the medicine trolley is stationed and liquid medicines should be dated on opening.

During the course of our inspection we toured the premises and identified several areas of risk.

The home had received level 5 for food hygiene from the Food Standards Agency earlier in the year. This demonstrated a rating of 'very good' and was the highest level achievable. Records we saw showed daily and weekly cleaning schedules for the kitchen. However, we found the catering facilities and kitchen equipment to be in need of a thorough clean. We discussed this with the registered manager, who assured us this area of the home would be cleaned as soon as possible. We revisited the kitchen later in the inspection and found progress had been made as it was cleaner in some areas, but further cleaning was needed.

We observed the kitchen to be a thoroughfare with staff members walking through these facilities, who were not catering staff and who were not wearing Personal Protective Equipment (PPE). PPE supplies were available and we saw other staff members using these when supporting with personal care and when serving meals.

We noted cold storage of food was insufficient, as some food stuffs were not dated on opening, the storage of raw meat was inappropriate and a bowl of warm porridge, dated 8 April 2018 was being stored in the fridge. The cook told us the wrong date had been applied. This put people at risk of eating contaminated food.

The home environment was in need of a thorough clean throughout. Personal items, some moving and handling equipment, cleaning equipment and many areas of the home were dirty. High level cleaning had clearly not been done for some time, as there was a thick layer of dust on all high surfaces we checked. Records we saw showed the environment was cleaned regularly, including deep cleaning of the kitchen and this was confirmed by some staff we spoke with. Therefore, this information was inaccurate. The policies and procedures of the home in relation to infection prevention and control were not being followed in day to day practice and there were no audits available to demonstrate infection control practices were being monitored on a regular basis.

We noted the environmental temperatures within the home to be very high. People told us they were very hot and the atmosphere was too warm. We observed one person dabbing their brow and neck because they were too hot. We discussed this with the registered manager at the time of our inspection. She told us that the home was powered by oil heating and if the temperatures were reduced to below a certain level then the hot water supply was affected.

Small sitting areas had been created underneath both stairwells, which provided comfortable seating and tables for people to spend some quiet time. However, this was a significant fire risk. These areas should be kept clear of items that are a source of fuel, pose an ignition risk or are combustible and likely to increase the fire loading or spread of fire. The fire safety inspector had completed an inspection on 2 May 2018, six days prior to our inspection and had identified this area of risk. The registered manager was aware of the fire safety inspector's findings. However, these findings had still not been addressed at the time of our inspection.

Records showed that systems and equipment within the home had been serviced in accordance with the manufacturer's recommendations. This helped to ensure it was fit for purpose and safe for use. All private and communal rooms we viewed had a nurse call system in place, which was on a long lead, to allow for easy movement around the room. Some people had pressure mats installed.

During our tour of the premises we noted the mattresses on some beds to be substantially overhanging the foot of the base. Therefore, if someone sat on the end of these beds it was possible they could fall to the floor and sustain an injury. This was concerning, as we had identified this safety issue at our previous inspection.

We found a plug extension connected to a second extension in one bedroom. This was dangerous and created a fire risk, due to potential electrical overload.

We observed the domestic trolley, which contained cleaning products being left unattended in the corridor. This provided people with easy access to dangerous solutions and therefore placed people at potential risk of harm.

During the course of our inspection we noted clinical waste was being disposed of in the correct manner in order to prevent the possibility of cross infection.

During this inspection we observed two people being transferred by staff members. One manoeuvre was by the use of a hoist and was conducted in a safe and competent manner, with clear explanations being provided throughout the activity. However, the second transfer was conducted by three members of staff, one of whom held the wheelchair whilst the other two transferred the individual, who was unable to weight bare. We noted the wheelchair brakes were not applied and the transfer, using a lifting belt was unsafe and therefore this potentially put the individual who was being transferred at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Records showed that a variety of detailed risk assessments had been conducted. These clearly identified the nature of the risk and were produced in graph format, using a sliding scale to determine the level of risk. There was recorded evidence that advice was obtained from community professionals in response to identified risk, should this be needed. This helped to keep people safe from harm and ensured up to date information was provided for the staff team. However, one care file we looked at showed risk assessments needed to be updated, in order to reflect current circumstances. There was no record in this person's plan of care around tests in relation to blood clotting, despite the individual being prescribed a blood clotting agent. It is recommended that risk assessments be updated regularly in order to identify current circumstances.

We noted Personal Emergency Evacuation Plans (PEEP's) had been developed for each person who lived at the home. PEEP's are intended to assist the evacuation of people from the premises in the safest and most suitable way, should the need arise. However, the information provided was not always sufficient to promote safe evacuation, as there was no record of how many staff would be needed to assist each person or if equipment was needed, such as walking frames or wheelchairs. The PEEP's did not incorporate any emotional, psychological or physical needs, such as anxiety, dementia or sensory problems. It is recommended the PEEP's provide more detailed guidance about people, in order to assist emergency services in the evacuation procedure.

We looked at how accidents and incidents were being managed at Alma Green. We found examples of when people who lived at the home had sustained injury during falls or altercations with other people. However, actions taken were not always documented and associated records, such as care plans were not consistently updated when this occurred. We established that the format for the recording of accidents and incidents had recently been improved to include more specific detail, which was then transferred to the

relevant documents. However, it is recommended that recording systems be improved in order to deliver effective outcomes for people, by the inclusion of actions taken and lessons learned when things go wrong.

At our last inspection on 20 February 2017 we found concerns in relation to safeguarding service users from abuse and improper treatment. During this inspection we found improvements had been made.

At this inspection we found the policies, procedures and guidance of the home safeguarded people from abuse and discrimination. The staff team had received training in safeguarding adults and a designated champion had been appointed. This helped relevant information around protecting people to be disseminated amongst the staff and therefore helped to keep people safe from abuse. Those members of staff we spoke with demonstrated a good understanding of reporting systems and the meaning of abuse and discrimination.

During our inspection we looked at the personnel records of four staff members. We found that all relevant checks had been completed before prospective employees were appointed. This helped to ensure only suitable staff were employed to work with the vulnerable people who lived at Alma Green. Evidence was available to demonstrate disciplinary procedures were being followed in day to day practice, in accordance with the written policies of the home.

We found there were sufficient numbers of staff on duty to meet people's needs. The registered manager told us that a tool was used for the calculation of staffing levels, which was reviewed regularly and therefore staff numbers varied depending on the needs of those who lived at the home. Staff members we spoke with felt there were enough staff on duty to meet people's needs.

Is the service effective?

Our findings

We received very positive feedback about the home and the staff team from those we spoke with.

Comments we received from those who lived at the home included, "They [staff] look after me very well. The carers [staff] are marvellous people. They have to use the hoist to move me and they know how to do that very well"; "The staff really know what they are doing- they really do. I am confident in the staff's ability. I have to try to keep walking, but I need help. At first, I was nervous, but now I am confident that they won't let me fall. They never rush me and they tell me to take as long as I need" and, "They will always ask my permission before they come in my room or before they move me."

Relatives told us, "The staff seem well aware of [name's] needs. She has a good relationship with the staff and she is content and happy"; "The food is very good. I've observed meals at all different times of the day. Everyone gets a choice. It is nicely prepared and portions are of a good size. Drinks and snacks are offered all day long too" and, "They [staff] always get my [name]'s consent before they do anything."

Staff members we spoke with told us morale throughout the staff team was generally good. One of them said, "It is a good team and a good place to work." We were told that staff monitored the communal areas regularly throughout the day, ensuring people received sufficient fluids. Staff members also told us that they always asked for permission before any care activity was commenced. We observed this during our inspection.

At our last inspection on 20 February 2017 we found concerns in relation to meeting people's nutritional and hydration needs.

At this inspection we found improvements had been made and were now meeting the requirements of the current regulation. However, we observed one person to be sleeping in the lounge area of the home with a full bottle of beverage in-front of them. One care worker woke this individual and reminded them to have a drink of fluid, but then left. The person went back to sleep. We observed activity within the lounge for three hours, during which time this person remained asleep and did not take any fluid. It was a hot day and therefore the potential risk of dehydration was increased. We looked at the fluid balance chart of one person who lived at the home, which showed the individual had taken very little fluids during the past few days. It is recommended that more detailed fluid balance charts be introduced, with regular time slots and staff to be made aware of the need for elderly people to take plenty of regular fluids, particularly during hot weather, in order to maintain good hydration.

We looked at the personnel records of four members of staff. We found new staff to be issued with a wide range of information at the commencement of employment, such as the staff handbook, important policies and procedures, the aims and objectives of the home, job descriptions relevant to individual roles and terms and conditions of employment. Together these helped new staff to understand their roles within the home and to be aware of what was expected of them whilst working at Alma Green.

We saw induction programmes had been completed when new staff started to work at the home. This helped to ensure all new staff received initial training to help them to do the job for which they were employed.

Staff told us that they felt supported and had received training to help them understand their roles and responsibilities. Those we spoke with demonstrated a good knowledge of people's needs and they felt capable in providing the care and support people required.

Staff supervision records were seen, although these sessions could have been more often. There was also no evidence on the staff files we saw of annual appraisals being conducted. Some staff we spoke with confirmed they had received supervision six weeks previously, but others told us they had not had any supervision or appraisals this year. It is recommended that a more regular and structured approach to staff development be implemented, in line with the services policies and procedures.

Staff we spoke with confirmed they received a wide range of training and were able to provide us with some good examples. The training matrix supported this information, although this did not cover areas, such as infection control and some training, such as fire safety and moving and handling were not completed annually, as we would expect. Therefore, an overall accurate picture of staff training completed was not available at the time of our inspection. It is recommended that all training records be kept up to date, so that a clear audit trail of staff training and development is maintained.

At our last inspection on 20 February 2017 we found concerns in relation to the need for consent. During this inspection we found improvements had been made and were meeting the requirements of the current regulation.

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 that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

At this inspection we found that consent had been formally obtained from people who lived at the home or from those who had legal authority to give consent. Good information was recorded in relation to Lasting Power of Attorney authorisations. Where people were not able to make decisions or informed choices then mental capacity assessments were conducted in line with the principles of the Mental Capacity Act 2005. The records of one person who lacked the capacity to make informed decisions did not clearly document how decisions had been made on their behalf. However, following our inspection the registered manager confirmed this had been addressed.

Records showed that detailed applications had been made to the local authority, when someone was being deprived of their liberty. This was only put in place for their own safety or that of others and if they were assessed as lacking the capacity to make informed decisions about their care and treatment. Applications

submitted had not been approved by the local authority at the time of our inspection, but there was evidence available to show that the registered manager had followed them up periodically.

We toured the premises and found bedroom doors had a number and a picture of the person occupying the room to help with orientation. Communal bathrooms and toilets were clearly marked with large signage.

The bedrooms we saw were all personalised. However, the environment was dated and in poor condition and was in need of upgrading and modernising, in order to provide pleasant surroundings for people to live in. Many of the lounge chair seat cushions did not have covers. The assisted bathroom on the first floor was being used as a store room for wheelchairs and equipment, making these bathing facilities inaccessible. Much of the pipework was exposed and therefore unsightly. Although attention had been given to some parts of the home, improvements were still required in many areas. These observations identified that a homely environment was not provided for people to live in. It is recommended that a structured refurbishment programme be implemented, so that the environment can be upgraded and modernised.

Records we saw showed people's needs had been assessed before a placement at the home was arranged. Information had been gathered from a variety sources, such as the individual themselves, family members and other professionals, who had been involved in their care and treatment. This supported the staff team to be confident in being able to deliver the care and support required by each person who went to live at the home.

We noted a four weekly menu to be in place, which offered choices of wholesome meals. We joined people who lived at the service for lunch. This was a pleasant experience. There was a menu board in the dining room on which the meals for the day were hand written and potentially difficult for some people to read. The dining area had several tables which were pleasantly set with table cloths, knives, forks, napkins, condiments and flowers. Specialised cutlery and plate guards were provided, as needed, in order to promote independence. Lunch was served to people in their bedrooms, as well as in the dining room, depending on preference. People were assisted with their meals in a discreet manner if this was necessary. People were offered choices and were able to eat at their own pace without people being rushed. This helped to provide a pleasant dining experience for those who lived at Alma Green.

People had access to external health care professionals including dietitians, occupational therapists and the speech and language team. One community professional told us, 'I have always found the care home (Alma Green) to be a very nice environment for residents. Although the decor may be a little dated it has a 'homely' feel about it. Residents seem relaxed and happy in their surroundings. Staff are always at hand, and importantly, it seems to be the same staff, which would indicate staff turnover is low. The home are keen for me to visit regularly to maintain people's health care.'

Is the service caring?

Our findings

Everyone we spoke with told us that the staff were always polite and willing to listen, and help, if they had a problem. Comments we received from people included, "They are very kind, they wash me and they will help me out with anything if I ask for help. They are wonderful"; "They always knock on my door before they come in" and, "They [staff] are very respectful. When they wash me, they cover me up with towels until I am in the water in the shower. They treat me with the greatest of respect."

When asked if staff were kind and caring relatives commented, "Oh yes definitely. They are very caring at all times. They are so patient"; "They sit and chat with [name]. They make her feel wanted here. They have done very well with her and she has settled a lot" and, "The staff are fantastic. I cannot fault them. They always call her by name and explain things clearly to her."

Staff members we spoke with told us they felt people received good care and that they were happy with the care they received. They also said that a really detailed staff hand over was provided at the beginning of each shift. This helped the staff team to provide the care and support people needed and to be fully aware of any changes in people's assessed needs.

We observed staff knocking on bedroom doors before entering, in order to protect people's privacy and dignity. We also observed staff helping people to maintain their independence, as far as possible and people were allowed sufficient time to complete activities of daily living. However, on one occasion we heard a member of staff say to one person who lived at the home, "We are just taking you to the bathroom before lunch." The care workers took this person out of the lounge and later transferred them into an easy chair on their return. This person was not offered choices in relation to accessing the bathroom or about where they wished to sit. There was limited interaction by staff throughout the day, which resulted in a number of missed opportunities, when meaningful conversations could have been instigated. However, we did observe some staff offering a variety of choices throughout the day. It is recommended that staff be reminded of the need to converse with people, in order to promote good interactions.

A key worker system had been implemented at Alma Green, which helped to develop good working relationships with those who lived at the home. We observed staff approach those who lived at the home in a kind and caring manner, they were polite and courteous.

Those who lived at the home told us they felt involved in their care and were able to make decisions about what they wanted to do. This information was supported by the records we saw, as it was clear that people had been involved in the care planning process. Records were maintained in a confidential manner, in order to protect people's personal details. We saw people were treated equally in accordance with the policies and procedures of the home around the importance of equality and diversity.

We noted a variety of different symbols displayed on bedroom doors, which indicated to staff important information they needed to know about each individual, such as diabetes, assistance needed and 'Do Not Attempt Cardio-Pulmonary Resuscitation' orders. This system helped to ensure staff were fully aware of

specific conditions and instructions, whilst retaining the information in a confidential manner.

People who lived at Alma Green confirmed they were allowed visitors at any time. We observed visitors come into the home and staff welcomed them, offering refreshments.

A good range of information was readily available for people about support agencies and how to access these, such as dementia care and local advocacy services. An advocate is an independent person who will support people to make decisions, which are in their best interests. Important policies were also prominently displayed within the home, such as fire, hand washing, whistleblowing and complaints. This provided people with relevant information about things they needed to know.

One group of community professionals told us, 'We have extremely high praise for the home, with no negative feedback at all. There is low staff turnover, so you know the staff have excellent knowledge of their residents. The staff are sensible. It is a nice relaxed atmosphere. There are never any medication mistakes or missed appointments.'

Is the service responsive?

Our findings

Everyone we spoke with said they knew how to make a complaint and would feel comfortable in doing so should they need to. People we spoke with told us, "I am very happy with my care. I don't know if I have a care plan, but I feel well supported and they listen to me when I don't feel right"; "There are some activities. We have singers who come in, we get communion and there is a film each month. Sometimes I play dominoes with my friends" and, "If I had to make a complaint I would go to the [registered] manager and speak to her, or I could speak to my carer [staff member], she would help."

One relative we spoke with told us, "I have seen the care plan, I have been involved with it. I haven't attended any review meetings, but that is because I couldn't get to the meeting that was arranged. The manager keeps me fully informed all the time about [relative's] needs and any changes." Another family member told us she felt the staff perhaps did not know her relative very well. She gave us an example of why this was.

We 'pathway' tracked the care of three people who lived at Alma Green. We found an electronic care planning framework had been introduced, which helped to move the service forward. There was a 'loop' system installed for people who had difficulty hearing and who had compatible aids to benefit from this technology.

The care files we looked at included a good description of the person, as well as a photograph for identification purposes and any known allergies. Information was also available to inform the staff team of circumstances in which relatives wished to be contacted during the night.

The plans of care we saw were detailed, person centred documents, which described people's assessed needs well and provided staff with clear guidance about how these were to be best met. Those who lived at the home or their loved ones had been involved in the planning of their own care, or that of their relative. This helped to ensure people were able to make decisions about the way in which care and support was delivered.

The care plans had been reviewed and updated regularly, with any changes in needs being recorded well. However, staff we spoke with told us that plans of care were not accessed on a regular basis. Although, staff members we spoke with were able to discuss the current needs of people well, we were not confident that any changes in people's needs would be identified by the staff team in a timely manner.

The home had been accredited with the six steps to success training, which helped to increase support for people around choices on end of life care. Care files we saw documented advanced end of life decisions, which were signed by individuals. Where people preferred not to discuss this sensitive area of support, then this was also recorded. This demonstrated respect for people's end of life wishes. Several people did discuss end of life care very freely, as they had attended a recent meeting regarding the matter. They stated their wishes have been recorded. One person said, "I have told them I want horses at my funeral and no flowers."

During our inspection we observed staff members offer people some choices, such as, "[Name] would you like to wear your glasses." However, we did not see people being offered any recreational activities. The general atmosphere within the home was sombre throughout the day and void of any liveliness.

The registered manager told us that an activity co-ordinator had recently been appointed, but there was no planned activity programme currently in place. A notice board had information about a singing group, which visited the home periodically, but no further information about activities was evident. The area of activities had not changed since our last inspection in 2016. Although we did not observe any activities being provided, everyone spoke about the 'Evergreen singers' who visited the home regularly, the film night, communion visits and the hairdresser. No one complained about a lack of activities on a daily basis and all said they were happy being in their own rooms watching television or reading.

The care records we saw showed information about peoples' life stories, which were detailed and interesting. This information included likes and dislikes, leisure activities and pass times people enjoyed. However, this was not being transferred to daily life for those of who lived at Alma Green. It was evident there were missed opportunities for staff to develop their understanding of people's lives and to help them maintain their interests whilst living at the home.

A range of information was accessible, which provided people with details of services and facilities available whilst living at Alma Green. This would be produced in various formats, if needed, so that everyone would be provided with the same opportunities, in accordance with the accessible information standard.

The complaints procedure was displayed in the reception area of the home and a system was in place for people to submit complaints anonymously, if they wished to do so. We looked at the complaint records and saw that there had not been any complaints made since before our last inspection in 2016. However, a robust system was in place for the management of complaints received.

We noted a good amount of thank you cards and messages had been received by the home. Extracts included, 'Thank you so much for providing (name) with the most compassionate care, support, respect and dignity for which we are deeply grateful'; 'A huge thank you for all the care and love.' And, 'You do a fantastic job.'

Is the service well-led?

Our findings

Comments we received from people who lived at the home included, "It's nice and quiet here, which I like and it is comfortable" and, "It's a friendly place to be. The atmosphere is great and there are good views from some of the windows. I am very relaxed here and I feel at home. We are all very fortunate to be here."

Relatives we spoke with commented, "There is a very good atmosphere in the home. The staff never hide anything. They are very open and honest. They always know the needs of the resident if you ask them anything" and, "I know the manager well. She is wonderful and is here for everyone. The manager is very visible and she is very easy to talk to. She deals with issues very quickly."

One member of staff told us, "[Name] is a good manager. I have known her a long time. She is supportive and would sort out any concerns."

At our last inspection on 20 February 2017 we found concerns in relation to good governance.

At this inspection we found some improvements had been made in this area. Records showed that regular audits had been introduced, which covered a range of areas. A quarterly audit was conducted by a company representative, which identified many areas of work needing to be done. The last one we saw had been completed in March 2018. The registered manager told us she was in the process of adapting the quality monitoring system to incorporate work done from the previous audits.

However, the auditing process was not always effective, as it had not recognised some of the shortfalls we identified during our inspection. For example, it did not include infection control practices, fire safety, some safety issues in relation to bed mattresses and the heating system. There was no record of actions taken or lessons learned and maintenance records were not always up to date. As there were some improvements in this area, a requirement notice was issued for the shortfalls which still needed to be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The registered manager was on duty at the time of our inspection. She had worked at Alma Green for 13 years and was fully aware of people's assessed needs and how these were to be best met. During our inspection we saw the registered manager to be visible around the home, speaking with people and addressing them by name. She appeared familiar with those who lived at Alma Green and their relatives. The home had recently achieved a five star external award. This meant an outside organisation periodically assessed the quality of service provided at Alma Green.

All staff we spoke with told us they enjoyed working at Alma Green and this was supported by the consistent low turnover of staff, with numerous employees having worked at the home for many years. Staff spoke highly of the registered manager and told us that they felt well supported. The registered manager was in the process of extending specific roles for appointed members of staff, such as champions for safeguarding,

infection control and falls. This would help to ensure the staff team was up to date with relevant training and important information.

We asked staff if they were invited to attend staff meetings. Staff told us that meetings were held on a regular basis and records confirmed this as being accurate information. This enabled relevant information to be disseminated amongst the staff team and enabled workers to discuss any areas of interest within an open forum, should they wish to do so.

Records showed that meetings were also periodically held for those who lived at the home and their relatives. The most recent one was held in February 2018. This encouraged open and transparent discussions to take place about the quality of service provided. It also helped to ensure people were provided with relevant information and any changes within the home.

Those who lived at the home, their relatives and the staff team had periodically been offered the opportunity to express their views about the quality of service provided, in the form of surveys. Those we saw provided positive responses about Alma Green.

There were a wide range of policies and procedures in place at the home, which had been periodically reviewed and updated. The policy of the month was displayed in the staff room for all members of the team to read and understand. At the time of our inspection the policy of the month was 'Whistleblowing'. This helped to ensure current guidance was provided for the staff team in relation to any changes in legislation or good practice guidelines.

The Statement of purpose and service user's guide was updated following our inspection. Together these documents provided interested parties with information about the home, as well as the services and facilities available at Alma Green. This helped those who were considering a placement at the home to make an informed decision. The previous rating of 'Requires improvement' was displayed on the home's website and was clearly visible within Alma Green.

We received feedback from five community professionals. One group practice told us, 'The Manager of the home is very pro-active and able to provide a comprehensive account of the resident's needs and problems and balances this with the resident's strengths. She always provides a confidential space for assessment. The home always welcomes visits from our team. The home are usually seeking support to enable the best outcome for the resident. They are not looking to move individuals to other homes and will work towards supporting a resident to remain in their care if feasible. This is based on the presenting problem, staff skills, likelihood of recovery and risk management, which is completed in conjunction with the Mental Health Team. The home environment has a sense of a relaxed/homely atmosphere. We have not experienced any times, in which we could negatively comment about this home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured all that was reasonably practicable had been done to assess, mitigate and review the risks to the health, welfare and safety of people who lived at the home.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured effective systems were always in place, in order to assess and monitor the quality of service delivered.</p>