Mrs L Mercer

Alpine Villa Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

This inspection took place on 22 March 2017 and was unannounced. We returned to complete the inspection on 23 March 2017. The last inspection took place in March 2015 where we found a breach of Regulation 18 in relation to the requirement to submit statutory notifications to the commission. At this inspection we found the provider had met this shortfall and the service were now meeting the requirements of this regulation.

Alpine Villa provides care and accommodation for up to fifteen older people, some of whom are living with dementia. At the time of our inspection there were thirteen people using the service.

The home did not have a registered manager in place. 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.

Procedures were in place to manage and dispense people's medicines safely. Medicines audits were also undertaken. Stock levels that we checked were correct. There were risk assessments in place to ensure that staff received guidance in how to support people safely. These were reviewed and updated accordingly when necessary.

Staffing levels were assessed to determine the number of staff hours required and we found there were sufficient staff to meet people's needs. People told us they felt there were enough staff to meet their needs. Safe recruitment practices were in place and staff were confident in recognising potential abuse and what action they must take. Staff received support through supervision and training and felt supported by the management team.

Staff understood the principles of the Mental Capacity Act 2005 and care records were underpinned by the Act and enabled people to make decisions and be involved in their care and support.

People told us they had sufficient to eat and drink and had a varied and nutritious diet.

People received care which was responsive to their individual needs. People were able to follow their own preferred routines during the day, for example by getting up and going to bed when they wished. Staff worked with healthcare professionals to ensure that professional advice was sought when necessary.

Staff were kind and caring and treated people with respect. People were encouraged to maintain relationships with other people that were important to them.

There was a range of activities which people could take part in, both individually and as a group.

Staff reported feeling well supported and able to raise any concerns or issues. There were systems in place to monitor the quality and safety of the service. This included a programme of audits that included: medicines, the environment and people's care plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe living in the home and with the staff who supported them.

Staff understood their responsibilities in keeping people safe and in the process of reporting suspected abuse.

Medicines were managed safely and people received their medicines on time.

The management team monitored incidents and accidents to ensure they reduced the risks of potential harm to people.

Is the service effective?

Good

The service was effective.

People received nutritious food and there was a varied diet on offer. People told us they enjoyed their meals and could have snacks whenever they wished.

Staff received appropriate training and support to be able to carry out their role effectively and meet people's needs.

Care and support was underpinned by the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff showed a genuine warmth for the people they cared for and people told us the staff were "lovely".

People were treated with respect and dignity and staff supported people to make choices and decisions about their day to day routines.

End of life care plans were in place which demonstrated people's

involvement in expressing their wishes and preferences.

Is the service responsive?

Good

The service was responsive.

People received person centred care and support and were involved in making decisions about how that care was delivered.

There was a range of activities people could take part in and for people who choose to remain in their room, staff visited to engage people in social interaction and offered one to one activities.

People told us they had no complaints but would know how to raise a concern if they had one.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager in place.

There was a range of audits in place to monitor the safety and quality of the service provided.

People and their families were asked for their views on how the service was managed and told us they felt listened to.

Alpine Villa 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 22 March 2017 and was unannounced. We returned on the 23 March 2017 to complete the inspection. The inspection was undertaken by one inspector and an Expert by Experience. 'An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.'

Prior to the inspection we looked at all information available to us. This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about. During the inspection we spoke with the provider, manager and deputy manager who were available throughout the inspection. In addition, we spoke with the activities co-ordinator, the chef, and two care workers.

Some people were not able to tell us themselves whether they liked living at Alpine Villa, so we observed the care and support they received and how staff interacted with them. We spoke with five people and one relative.

As part of the inspection we reviewed the care records for four people living in the home. We looked at staff records and other records relating to the running of the home. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Alpine Villa and with the staff who supported them. We observed positive relationships had formed between people and staff and people looked comfortable in approaching staff for support.

There were systems in place that safeguarded people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The manager and deputy manager audited all incidents to identify trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Medicines were stored safely and securely so that only those authorised to do so were able to access them. A clear policy was in place and staff received training to ensure they were competent in medicines administration. Medicines were recorded on a Medicine Administration Record (MAR) chart provided by the dispensing pharmacy. We found no omissions or errors in the charts that we viewed. Stock levels were checked when new supplies were delivered from the pharmacy and recorded on people's individual MAR charts. Between these times, the deputy manager checked the stock levels to ensure people received their medicines in line with the GP instructions. Good information was available for staff about the effects of people's medicines and what they were for. This ensured staff could safely manage any changes in people's health that may be linked to a change in their medicines.

During our inspection sufficient numbers of staff were on duty to safely meet the needs of people living in the home. There were structured recruitment practices in place to support the provider in making safe recruitment decisions. This included the completion of a Disclosure and Barring Service (DBS) check. This check gives information about any criminal convictions a person has and whether they are barred from working with vulnerable adults. Staff told us they had worked at the home for many years and people told us this gave them an added sense of security and belonging as everyone knew each other well.

Risks to people's safety were assessed before they came into the service. The risks associated with people's care and support were assessed and reviewed regularly. Measures were put in place to guide staff in reducing the risk to the person and ensuring they were safe. This included risk of falls, managing epilepsy, malnutrition and dehydration and risk of pressure ulceration.

Emergency contingency plans were in place and regular fire alarm tests took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place. People had individual personal evacuation plans in place that contained information of how they needed to be supported in the case of a fire.

Maintenance, electrical and property checks were undertaken to ensure it remained safe for people that used the service.

Good

Is the service effective?

Our findings

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 take particular decisions, any made on their behalf must be legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with demonstrated an awareness of supporting people around the principles of the Mental Capacity Act 2005 (MCA). People's support plans included mental capacity assessments specific to the decision being made. Where people were assessed to lack capacity to make certain decisions, the service had followed the principles of the Mental Capacity Act to make decisions in the person's best interest. The process had included input from the person, their family, health and social care professionals and staff at the service. The manager had submitted DoLS applications for people using the service following the capacity assessments. These had been received by Wiltshire Council and were in the process of being assessed.

Staff said they received good support and had regular supervision with their line manager. They were also able to raise concerns outside of the formal supervision process. Supervision topics covered workplace health and safety, people's care, training and development and any concerns staff had. Staff also undertook an annual appraisal which gave them an opportunity to talk about their progress and plan their learning goals for the year ahead.

Training documents evidenced that staff received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including on-line, face to face and observations and assessments of practice. Staff told us the training they attended was useful and was relevant to their role in the service. The manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Staff undertook mandatory training for example, food and nutrition, infection control and safeguarding vulnerable adults. Specific training was given in epilepsy care, diabetes and supporting people with managing their Parkinsons. Staff had completed formal national qualifications in health and social care and leadership and management. New members of staff were signed up to complete the Care Certificate. [The Care Certificate is a set of standards is the new minimum standards that should be covered as part of induction training of new care workers].

People were supported to have a meal of their choice by organised and attentive staff. People selected their choice of meal from a pictorial menu. We observed staff sit with people looking at the menu and talking about the options available. There was a varied menu and people told us the food was "Tasty" and "Plentiful". The menu for one day was cottage pie and fresh vegetables with a vegetarian option made with 'Quorn' in line with the person's preference. Desserts were homemade with some made with fruit from the

garden, such as apples and plums. Where people required specialised diets such as fork mashable or pureed, this was accommodated. All food was freshly prepared and people could choose an alternative if they did not like the menu on offer. Lunch time was a social affair with people chatting to each other and complimenting the meal. People had access to drinks and snacks throughout the day and for people who chose to remain in their room, drinks were close to hand.

If people were deemed at risk of malnutrition or dehydration a chart was in place to monitor people's intake. Staff reviewed these charts throughout the day to encourage further fluids or offer alternative meal options. With people's permission, they were weighed monthly to ensure they remained at a healthy weight. Health care professionals such as the SaLT team (speech and language) or the dietician were involved where continued weight loss or gain had been identified without explanation.

A relative complimented the staff on how they had supported their loved one to take an interest in eating. They stated "X is enjoying fruit and chocolate, isn't that wonderful. It is good to know that X is enjoying their food again".

People were able to see health professionals where necessary, such as their GP, community nurse or podiatry. People's support plans described the support they needed to manage their health needs.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the care and support received and people told us the staff were very caring. We observed that staff took the time to engage with people and care and support was delivered in an unhurried and attentive manner. One person told us "I am well looked after, the staff are really kind people. I like to tease and joke with the staff and this is always taken in the right spirit. They treat you like a member of the family". This sentiment was shared by other people.

A recent survey completed by people and families gave many positive responses about the caring nature of staff, for example "lovely, lovely staff" and "the staff are all good and I do what I like". Other comments included "I have lots of freedom and do as I wish" and "I like my room and enjoy spending time in there". Feedback from a visiting professional stated "a really positive impression of the home with people very happy".

Staff were knowledgeable about the care and support people required and people were supported to make choices and decisions about their daily living. For example, if they preferred a bath or shower or what clothes they liked to wear. People and their families confirmed they were involved in the planning and review of care.

Staff were attentive to people's needs and wishes and ensured people were involved in what was happening within the home. One person remained in bed during the morning. In the background was soothing music and an attractive, decorative lighting effect in the room. The person was relaxed and watched the effects of the lighting and staff regularly visited this person to chat and ensure they had everything they needed. After lunch, this person moved to the lounge to socialise and observe activities. The person did not take part in the activities but staff were mindful to include them in conversation around the activity. Where people were at risk of social isolation through remaining in their room there were risk assessments in place which involved staffing visiting people for chats and one to one activities of the person's choice.

Staff were respectful and caring in their approach to supporting people. Where people needed assistance staff sought their permission before assisting them, explained what they were doing and offered reassurance throughout the task. For example, at lunch time, staff offered support to the dining area and asked the person where they would like to sit and stayed until they were settled. Staff did not rush people and responded when they asked for assistance as quickly as they could. Staff supported people to move around the home and this was done at the person's pace. Staff chatted with people as they supported them.

People's independence was promoted. It was clear in people's care plans, the aspects of their care routine they were able to manage for themselves. For example, we read one person was able to manage aspects of their personal care with verbal prompting and guidelines were in place that enabled the person to be as independent as possible. We observed that staff offered encouragement to people when mobilising, eating and drinking and when taking part in activities.

During our inspection we observed staff maintaining and respecting people's privacy and dignity. Staff

knocked on people's doors before entering and gained their consent to enter and consent to undertake their routines. People's rooms were personalised to their own taste with items of furniture, photographs and other items which were important to them. This helped ensure that people's rooms were arranged in accordance with their person's wishes and preferences.

The manager told us they would support people to practice their faith if people sought this, however at this time no-one had expressed this wish. The provider told us they explored people's end of life wishes when they had settled into the service and always reviewed their wishes regularly. One relative had expressed their thanks to the home for the end of life care their loved one had received and commented "Thank you are two simple words but if these words were written to the height of our esteem for you all, they would be giants".

People were supported to maintain relationships with important people in their lives. Detailed documentation was viewed in people's files that outlined this and people we spoke with confirmed their family and friends could visit anytime and were always made welcome. The provider also described how they supported people to communicate with family that did not live locally, such as by email and telephone.

Good

Is the service responsive?

Our findings

There was a designated activities co-ordinator in place. We were advised the home had a good budget for activities which allowed them to employ outside entertainers to come in, particularly for birthday celebrations. There was an activity diary posted on the notice board. This gave information about the activities on offer such as, Arts and Crafts on Tuesdays and Music on Fridays although the dairy was flexible according to people's needs and wishes.

A relative had commented in a recent survey "X so enjoyed the birthday party you arranged for them, it made it a special day. We would also like to thank you for all the care and love that you give X".

People had the option of taking part in the organised activities if they wished and for people who preferred to stay in their room, staff ensured they remained socially included and were able to take part in their own individual interests. For example, one person told us "I am very happy living here, I never get bored as I've got lots of things which interest me, such as jewellery". Another person told us "I join in with the activities now and again, I don't get bored". This person told us they had excelled in many crafts in their life and the Activity Coordinator often sought their advice, which they appreciated. A third person told us they preferred not to take part in the activities, saying "It's my choice but it's always on offer. Staff try and encourage me to join in but we are not pressurised".

We observed an activity craft session. People were encouraged to participate where they could and the atmosphere was at a gentle pace and relaxed. No one was unduly hurried or rushed to produce an end product, but to enjoy the experience. The craft products were very tactile and visually attractive. One person had brought her embroidery basket and was using the threads to decorate an Easter Hat. Another person came in from their room to socialise and enjoy the company. There was lots of friendly interaction, with light-hearted humour, between staff and people and also between people themselves who had clearly formed positive friendships.

The activities were recorded in a diary which was detailed and showed that each person, whether they attend group activities or choose to stay in their room, were visited each day and their choices were respected. Some people told us the activities could be improved by offering trips out. Trips out took place occasionally such as walking into the nearby town but nothing which included several people at once going out on an activity trip. People who live at Alpine Villa told us they had become good friends and this was encouraged by staff.

Person centred care was delivered to people that lived in the home. Care records demonstrated how people were involved in the planning of their care and set out what their preferences were for their routines and signed by the person if possible. This also included their likes and dislikes. Choice was promoted to all individuals such as what activities they wished to participate in and how they wished to receive their care. Feedback from a recent survey noted that each person felt their wishes, comments and ideas for their care and support were acted upon.

The service undertook a detailed pre admission assessment to ensure the person's needs could be met prior to moving into the home. This could include visits to the home if people wished.

Personalised support plans were in place. Each person's individual file held comprehensive information around their care and support needs to guide staff. The information included; support plans for all aspects of their daily living needs, how the person communicated, likes and dislikes, social contacts and health and other professional information. Where potential risk had been identified, support and management plans were in place to provide guidance to staff on how to mitigate these risks. Documentation viewed demonstrated reviews took place on a regular basis that were undertaken by the management team together with the care staff.

Each person had a 'Life Story' in their care plan and a 'snapshot of the person's likes and dislikes. This helped staff familiarise themselves with a person's wishes quickly after moving into the home, or for new staff to get to know people.

In the event that people were admitted to hospital there was information available to inform the hospital teams of important information about the person. This included information about their medicines and also the person's likes and dislikes, to help the team meet their individual needs.

People told us they knew how to make a complaint if they needed to. One person told us "I don't need to change anything, but if I did I would know who to talk to" and a relative said, "If I had a problem I would speak to the Manager". We reviewed the complaints log and there had been no formal complaints raised during the previous year.

Requires Improvement

Is the service well-led?

Our findings

At a previous inspection in March 2015 the provider had failed to ensure that statutory notifications were submitted to the commission as required. In addition, we found the provider was unclear as to the circumstances of when they were required to report incidents. At this inspection we found the management team were knowledgeable about their responsibility in reporting incidents and when this should be done. Statutory notifications had since been submitted as required.

At the time of the inspection the provider did not have a registered manager in place, however the new manager had started this process to register with the commission.

People and visitors told us the management and staff were approachable and well liked. Comments included "It is usually well managed and the staff are regular and long term which speaks highly of the home".

People told us they would recommend the home, one person told us "Yes, I would recommend this home to others, because it is very good". Another person told us they had already recommended the home. A third person commented "They treat you like family here and I am very happy with the management of the home, I've not had anything to complain about". Several people told us that staff appeared better trained than in the past and this had made a positive difference.

There has been a recent questionnaire given to people and families to find out their views about the quality of care and support people received. Twelve surveys had been returned and were overwhelmingly positive. One person had mentioned they found the meat at meal times hard to eat and we saw the provider had taken action to remedy this.

Staff told us they could approach any member of the management team and they would always be listened to. Staff felt supported and valued by the provider and were extremely positive about being part of the team.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. For example checks were completed monthly about the safety of the environment and equipment which included looking at the hot water temperature, legionella testing and checks of manual handling equipment. If there was any action required or if any replacements of items were needed this was recorded along with the timescale this would be achieved by.

Regular audits were completed to identify any shortfalls. This included medicine audits and weekly random checks were also made. We looked at an audit of the home that had been completed in February 2017 which looked at the provider's policies and records, procedures and training, staffing, care records, kitchen safety, and environmental safety.

Any accidents, incidents, falls or safeguarding concerns were identified and collated as part of the home's auditing. The manager told us they had discussions with staff and also reminders in handovers.