

Alison House Care Home Limited

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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?

Good ●

Summary of findings

Overall summary

About the service

Alison House Care Home provides personal care to people aged 65 and over. The service can support up to 29 people and at the time of the inspection 20 people were living at the home.

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

People received safe and effective care and support to meet their individual needs. Care was assessed and delivered in line with people's individual needs and preferences.

People were protected from harm as risks were assessed and managed and staff were confident to recognise and report abuse.

People received their medicines as prescribed and there were procedures in place to ensure the process was carried out safely and monitored on a regular basis.

People were supported by a staff team who had the knowledge and skills to meet their needs effectively. There were sufficient staff on duty to meet people's care needs in a timely manner.

Staff were well trained and well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate and safe support. People were supported to access healthcare, and other agencies, when required. People's nutritional needs were met and monitored. People were satisfied with the quality of the food and had regular access to a range of hot and cold drinks.

Staff were caring and respectful, promoting people's privacy, dignity and independence.

People's care was responsive to their changing needs. People, relatives and health and social care professionals were involved in the assessment and planning of care and this joint working meant people's needs were met. People knew how to raise a concern and felt listened to. Information was available in different formats to make it accessible.

People had mixed views about activities. Most felt that opportunities for meaningful activities could be improved and the registered manager was working with the team to achieve this.

People felt the service was well managed and people, and staff, had opportunities to share their views about

the service. Staff felt listened to when they shared feedback. Audits monitored the quality of care provided and feedback was sought from people who used the service (and their relatives) to ensure their ongoing satisfaction.

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

Rating at last inspection

The last rating for this service was good (published 30 June 2017). At this inspection the service has remained good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Alison House CareHome Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out 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.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. This information helps support our inspections.

The provider had submitted a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives. We spoke with the provider, the registered manager, the deputy manager, and three other staff team members. We looked at two people's care files and two staff recruitment files. We also reviewed other records to demonstrate the effective running of the service.

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.

Following the inspection

We contacted two health care professionals to ask their views on the quality of the service provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and relatives told us their family members were safe and well looked after.
- People were protected from abuse by staff who had received training to recognise and report any concerns. Staff told us they would share any concerns about a person's safety without delay and would be confident to do this.
- Local safeguarding policies were in place and staff had access to whistleblowing policies.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified, but risk management plans did not always detail how staff should support people safely. However, staff were all knowledgeable about safe working practices and individual risks. The registered manager advised us that risk assessments were currently being re developed and would soon be more detailed.
- Assessments were reviewed regularly or as people's needs changed. Staff were kept up to date about changes during regular sharing of information.
- Staff were confident using the equipment in the home and we saw staff moving people safely and sensitively when required or requested by the individual.
- We saw individualised evacuation plans that reflected people's needs and identified how to safely support the person in the event of an emergency evacuation. Plans identified access issues as well as people's mobility needs.

Staffing and recruitment

- There were enough staff on duty to meet people's needs in a timely manner.
- People told us there were sufficient staff to meet their needs and relatives. One person said, "You don't have to wait long when you press the buzzer (call button)." A relative said, "There is plenty of staff and at weekends as well. There is no waiting if [relative] needs help."
- Staff all said there were sufficient staff to meet people's needs. One staff member said, "There are enough staff. We all have set duties."
- Staff were recruited following the application of safe recruitment procedures. These procedures included checking people's qualifications, experience and background.

Using medicines safely

- People received their medicine on time by staff who were trained to administer it as prescribed. Staff administered medicines discreetly and explained the importance of taking the medicines when people hesitated.
- We saw staff administer medicines as directed in people's care plans to ensure they had maximum effect.

For example, there was a procedure to ensure time sensitive medicines were delivered at the appropriate time. Medicines prescribed 'as and when required' were also clearly documented and administered according to prescribers' instructions.

- Staff received regular competency checks to safely administer medicines.
- Medicine was stored securely and in line with manufacturer's instructions.
- Prescribed creams were used as directed and there was guidance on their administration available for care staff.

Preventing and controlling infection

- People were protected from the risk of infection by effective infection control procedures being in place.
- People were supported by staff who received training in infection control and had access to Personal and Protective Equipment (PPE). PPE includes the use of gloves and aprons which were readily available, and we saw staff using them appropriately.
- The provider employed domestic staff who worked throughout the home and maintained a clean environment.

Learning lessons when things go wrong

- The registered manager and deputy manager told us how they reviewed practice as a team to ensure lessons could be learned from incidents and accidents.
- Staff told us how they reflected on their practice and worked closely within their teams to ensure improvements were continually made to the care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their admission meaning the registered manager could be confident staff, and the environment, could meet their needs.
- People's care files contained information to guide staff to effectively meet assessed needs. Plans and assessments, were being re-developed to be more accessible and easier to update as needs changed.
- Staff were knowledgeable about people's needs and preferences, including little details that made their care personal.
- Relatives told us they were involved in the assessment and care planning process and were confident that important details had been effectively communicated to staff.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their care and support needs effectively. One relative told us, "They (staff) are well skilled and are always walking around."
- Staff received training relevant to their roles and considered the training equipped them to meet people's needs effectively in a care home environment.
- New staff received an induction into their role which included shadowing existing staff to learn routines and get to know people's needs. The registered manager told us that staff who had no previous care experience were supported to complete the Care Certificate. The Care Certificate is a nationally agreed set of standards that define the knowledge, skills and behaviours expected in the job role to which staff were appointed.
- Staff told us they felt well supported by the registered manager and the deputy manager. Staff had opportunities to meet individually or as a team to discuss their personal and professional development.
- Staff spoke highly of the team work that enabled them to provide consistent and effective support. One staff member told us, "We have great support and good training. We have good team work."

Supporting people to eat and drink enough to maintain a balanced diet

- People were, overall, satisfied with the food on offer at Alison House. One person told us, "The food's good." People told us the chef would respond to individual requests meaning people could eat what they preferred. One person told us, "I've always been fussy. I tell them (staff) I can't eat it and they will bring something different if they've got it."
- We observed the meal time experience for people throughout the home. Overall the experience was positive. People were offered choices in relation to what and how much they ate. People with special dietary needs were accommodated and the chef offered foods that could be enjoyed by everyone. A relative said, "The food is lovely. I have eaten here".

- People were supported to have enough to drink throughout the day.
- Care plans identified people's assessed dietary needs so staff could ensure people received their food in a way they could safely manage. For example, one person had a soft diet, due to concerns about their swallowing.
- People's weight was monitored when required and changes were documented. Referrals were made to health care professionals to explore any changes that may indicate health concerns.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external agencies to support the delivery of people's care. Staff told us they had good working relationships with external agencies such as the district nurses and we saw how the two teams worked together to support a person at the time of our visit. Support was timely and appropriate meaning the person received prompt emergency health care.
- Staff also worked with agencies to monitor and support people with mental health care needs. Joint working meant staff could offer effective support.

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

- Bedrooms had been personalised and met people's needs. Communal areas were bright and spacious. Outside areas were well maintained and accessible.
- The registered manager advised us of ongoing re-decoration and responded positively to suggestions about making the home more dementia friendly.
- Pictures of people engaged in various activities created a homely atmosphere and there was some signage in communal areas to help people find their way around.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and get support when required. Care records reflected such interventions.
- People's oral health needs had been assessed and incorporated into care plans. However, additional information relating to oral health for people with dentures had not yet been fully explored.
- The registered manager had recently downloaded the 'Smile Matters' document that identified good practice guidelines in relation to maintaining good oral health. They advised us they would be implementing this.
- People confirmed they saw healthcare professionals such as the chiropodist and optician. A dentist also visited the home upon request.
- One person told us staff supported them to attend health care appointments and supported them to remain in good health. They said, "When you've been bad (ill) you get help from the girls (staff)."
- People were referred appropriately to external agencies to reassess risks to their health and wellbeing and to keep them safe. For example, when a person was identified as being at an increased risk of falling, they had received support from a physiotherapist.
- A visiting health care professional told us staff followed their advice and guidance to ensure best outcomes for people.

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 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 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. In care homes, and some hospitals, this is usually through MCA

application procedures 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 had the appropriate legal authority and were being met.

- People's capacity was assessed under the MCA and where people had capacity their wishes were documented and respected.
- When people lacked capacity to make a specific decision, the correct process was followed. Best interests meetings were held and applications to deprive people of their liberty were submitted to the local authority and reviewed appropriately.
- Staff were knowledgeable about ensuring people were consulted in relation to decisions about their day to day care. Staff told us they would respect people's wishes if they refused support, however would also explain the consequences of such decisions. For example, we saw a staff member offering support to a person taking their medicines. When the person initially refused, the staff member reminded the person what the medicine was for and the positive impact it would have on their health by taking it. The person was then able to reconsider their decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were treated with kindness, compassion and respect. People spoke very highly of the caring attitude of the staff and our observations throughout the inspection reflected this. One person told us how the registered manager and the deputy manager, "Treat me with respect". A relative told us, "I know they (staff) care because they touch and talk to [relative's name]. I can tell a caring person."
- We observed staff interacting positively with people during the inspection. Staff were attentive, warm and approachable. Staff responded promptly to requests for support and spoke quietly and offered reassurance while assisting people. A relative told us, "The staff are outstanding, and nothing is too much trouble."
- During a health emergency we saw staff being kind, empathetic, reassuring and very sensitive in the way they advised others of what was going on.

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

- People were involved in making decisions about their care as far as they were able to. Relatives felt involved and consulted to use their knowledge of the person to assist with decision making.
- We observed people being asked before any tasks were completed and given time to respond.
- People's care plans evidenced their involvement and information was recorded around how people liked to be supported with their daily needs. Relatives told us how they had been involved in sharing information and offering ideas for support when things changed.
- Relatives told us communication between themselves and staff was good. One relative told us, "They always contact me if [relative's name] is unwell."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted and respected. We saw how staff used a privacy screen when supporting a person who had become unwell in a communal area. .
- People were supported with personal care in private and staff spoke quietly to people when they had made requests for assistance with personal care. We saw people were reassured of their safety when being moved from one place to another and staff were mindful to protect people's dignity at all times.
- Staff encouraged people to do things for themselves to ensure they remained as independent as possible. We saw a lot of people managing their own food and drinks, staff providing minimal support when required to ensure they were successful.
- Care records were kept securely to ensure confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised to their needs. This was achieved because staff listened to people who used the service and responded appropriately.
- Staff told us people's care plans were detailed to ensure all support needs and preferences were recorded.
- Staff had a good understanding of how people responded differently to interventions and adapted their approaches to accommodate the individual.
- People were treated as individuals and their protected characteristics, such as their age, gender and culture, were recognised and supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of the pre-admission process and care plans reflected people's communication needs.
- Some people used hearing aids to promote better communication. Plans identified how staff should approach people to ensure maximum opportunity for the person to understand what was being said. The talking books service was available for people. One person used to use the talking books service and one person used assistive technology to remain in contact with distant relatives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People had opportunities to take part in a range of in house activities although these were not always pre planned. Some people told us they wanted more activities and some relatives felt people were not regularly stimulated.
- Staff had identified activities as an area for improvement and this was being addressed.
- People were supported to maintain relationships. We saw family and friends visiting people and they all told us they were always welcome and there were no restrictions on them visiting.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure and some people told us they would talk to staff if they had a worry or a concern. Relatives also felt staff were approachable to share concerns.
- Staff told us they shared the views of people as needed and staff worked as a team to address issues as

they arose.

- The registered manager advised us there had been no formal complaints. They said any complaints would be taken seriously and lessons would be learned from the outcome.

End of life care and support

- People's wishes in relation to their support needs at the end of life were considered and documented.
- There was currently no one receiving end of life support. The registered manager identified that needs and wishes would be updated on the care plan and would be reviewed as needs changed.
- Some people had Do Not Attempt Resuscitation (DNAR) agreements in place and one person had the RESPECT form. This information was clearly identifiable to any staff member accessing the person's care file in an emergency. The RESPECT form identified the person's support needs and wishes in relation to certain medical emergencies.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Alison House was well run by an established registered manager who knew the people who lived at the home very well.
- Staff told us they received good support from the registered manager and the deputy manager, enabling them to deliver safe and effective care. One staff member told us, "They are brilliant. I can't praise them enough."
- Notifications of incidents, events or changes that happened at the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The registered manager had audits and quality monitoring systems in place that identified the strengths and needs of the service. Outcomes were shared within the staff team to drive improvement. Staff were involved in completing audits and outcomes were fed back to them. This meant staff knew how the home was performing and where they needed to focus improvements.
- The provider also carried out regular visits and spoke with people who used the service and staff. They produced action plans for the registered manager and followed up on compliance regularly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager created an open culture where they led by example. Staff told us they could approach the registered manager with anything. One staff member told us how they had approached the registered manager with a suggestion to change cleaning products and this had been done with a positive outcome. A relative told us, "The registered manager and the deputy manager are in charge. They are good bosses and very caring. I have no complaints and I would recommend here (to others)."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their families, staff and other stakeholders were offered various opportunities to be involved in discussions about how the service operated. Feedback was sought via questionnaires that the registered manager used to review the service.

Continuous learning and improving care

- Staff told us that ongoing training opportunities meant they could continually develop their knowledge

and skills.

- Incidents and accidents were reviewed and discussed in staff teams to identify any trends or learning opportunities to prevent a reoccurrence. For example, we saw how the registered manager had reviewed the incidents of falls within the home. One person, at an increased risk of falls had been referred to an appropriate health professional and there had been no further reoccurrences.
- In discussions staff told us how the provider worked with outside agencies to develop and implement new initiatives that improved outcomes for people who used the service. The provider told us how they liaised with other home managers to share experiences and adopt new initiatives and ideas.

Working in partnership with others

- Alison House staff worked with external agencies to ensure people's needs were met. Records and support plans showed updates to reflect interventions with external agencies. For example, when a person's behaviour support needs increased.
- Staff liaised with health and social professionals to ensure people's health and social care needs could be effectively met. This enabled people to enjoy full, active and healthier lives.
- The registered manager reflected on professional guidance to continually improve and develop the service.