

Regal Care Trading Ltd

# Alpine 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Alpine Care Home is a residential care home without nursing for 30 older people. It can also accommodate people living with dementia and people who have physical and/or sensory adaptive needs.

At the time of this inspection there were 24 people living in the service. Most people lived with dementia and had special communication needs.

### People's experience of using the service and what we found

People and their relatives were positive about the service. A person said, "I like the staff here and they're friendly." Another person who lived with dementia and who had special communication needs smiled and held hands with a member of care staff when we used signed-assisted language to ask them about their home. A relative said, "I think Alpine Care Home is lovely – not posh but homely. How it should be."

People were safeguarded from the risk of abuse. People received safe care and treatment in line with national guidance from care staff who had the knowledge and skills they needed. There were enough care staff on duty and safe recruitment practices were in place. People were helped to take medicines in the right way and lessons had been learned when things had gone wrong. Hygiene was promoted to prevent and control infection and people had been helped to quickly receive medical attention when necessary.

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

The accommodation was homely, people's privacy was respected and confidential information was kept private.

People were consulted about their care and had been given information in an accessible way. Imaginative steps had been taken to support people to pursue their hobbies and interests. Complaints had been properly investigated and quickly resolved. People were treated with compassion at the end of their lives so they had a dignified death.

Quality checks had been completed. People had been consulted about the development of the service and their suggestions had been implemented. Good team work was promoted. Regulatory requirements had been met and joint working was promoted.

For more details, please read the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published 25 February 2017).

#### 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.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# Alpine Care Home

## 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 registered 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

The inspection was completed by one inspector.

#### Service and service type

Alpine Care Home is a care home without nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the registered provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people living in the service using sign-assisted language when necessary.

We spoke with two care staff, two senior care staff, the deputy manager, registered manager and area manager. We also spoke with a member of the primary health care team.

We reviewed documents and records that described how care had been planned, delivered and evaluated for four people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

In addition, 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 speak with us.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included care staff assisting people to transfer by using hoists and supportive handling belts.
- People were helped to keep their skin healthy. When necessary people were provided with special air mattresses. They reduce pressure on a person's skin making it less likely they will develop pressure ulcers. Also, care staff used special low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
- People were helped to promote their continence. They were discreetly assisted to use the bathroom whenever they wished and care staff regularly checked to ensure people had not developed a urinary infection.
- A person said. "I do need a lot of help these days and the staff are always willing from getting me going in the morning to helping me back to bed."
- Care staff regularly checked on people who were cared for in their bedrooms to make sure they were comfortable.
- People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
- The service was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

### Systems and processes to support staff to keep people safe from harm and abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew what to do if they were concerned a person was at risk. A person said, "The staff are lovely to me and so of course I feel safe with them."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

### Using medicines safely

- People were helped to safely use medicines in line with national guidelines.
- Medicines were reliably ordered so there were enough in stock and they were stored securely in temperature-controlled conditions.

- Senior care staff who administered medicines had received training. Medicines were administered in the correct way so each person received the right medicine at the right time. A person said, "The staff give me my tablets on the dot."
- There were additional guidelines for care staff to follow when administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.
- The registered manager regularly audited the management of medicines so they were handled in the right way.

#### Staffing and recruitment

- The registered manager had calculated how many care staff needed to be present given the care needs of each person. Records showed planned shifts were consistently being filled. When necessary extra care staff were made available. An example being when a person needed to be accompanied to a hospital appointment.
- There were enough care staff to ensure people promptly received the assistance they needed. This included washing, dressing and using the bathroom.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done so the registered manager could check their previous good conduct.
- Disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only suitable people were employed to work in the service.

#### Preventing and controlling infection

- There were suitable measures to prevent and control infection. Care staff were correctly following guidance about how to maintain good standards of hygiene. A relative said, "This place isn't like a hospital but it's still clean and hygienic."
- Care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
- There was an adequate supply of cleaning materials. Fixtures, fittings and furnishings were clean as were mattresses, bed linen, towels and face clothes.

#### Learning lessons when things go wrong

- Accidents, near misses and other incidents were analysed so lessons could be learned and improvements made. For each event the registered manager established what had happened and what needed to be done to reduce the likelihood of the same thing reoccurring. An example was identifying the times of day when people had fallen so the reasons for this could be identified.
- When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was the assistance provided for a person who needed help when getting out of bed to reduce the risk of them falling. With their agreement a special mat had been placed by their bed that alerted care staff when the person stepped on it.



# 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 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

- The registered manager and/or deputy manager met each person before they moved into the service. This was to establish the care the person needed and to ensure the service could meet the person's needs. An example was arranging for the medical devices a person needed to use to be available as soon as they moved into the service.
- The assessment also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of care staff who provided their close personal care.

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

- There was a passenger lift giving step-free access around the accommodation. There were bannister rails in hallways, supportive frames around toilets and an accessible call bell system.
- Each person had their own bedroom which they had been encouraged to personalise by decorating and furnishing them as they wished.
- There was enough communal space and there were signs to help so people could find their way around.
- Most of the accommodation was well decorated and homely in nature. Some communal bathrooms and toilets required improvement due to worn and unsightly fixtures and fittings. There was a programme of refurbishment underway and the area manager assured us the defects in question would quickly be addressed.

Staff support: induction, training, skills and experience

- New care staff received introductory training before they provided people with care. Care staff had also received refresher training to keep their knowledge and skills up to date. Care staff regularly met with the registered manager to review their work and to plan for their professional development.
- Care staff knew how to support each person in ways right for them. An example of this was a member of care staff responding appropriately when a person became upset and was at risk of placing themselves and people around them at risk of harm. The person was anxious because they could not recall the location of the nearest toilet. A member of care staff quietly showed the person where the toilet was located and waited for them to finish using the facility after which they accompanied the person back to the lounge.
- Another example was care staff supporting people to maintain good oral hygiene. Care staff described how they provided practical assistance such as noting when a person needed to buy a new toothbrush or renew their supply of denture cleaning products. People had also been supported to attend dental appointments. A relative said, "I think the care staff are very attentive and they know what they're doing."

Supporting people to eat and drink enough with choice in a balanced diet

- People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is very good here and at night the staff will always rustle you up a snack and a drink."
- People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff.
- People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. Care staff also recorded how much people had to eat and drink to check enough nutrition and hydration was being taken.
- Speech and language therapists had been contacted when people were at risk of choking. Care staff were following the advice they had been given including blending food and thickening drinks to make them easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive coordinated care when they used or moved between different services. This included care staff passing on important information when a person was admitted to hospital or if they moved to a different care setting.
- Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see dentists, chiropodists and opticians.

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

The Mental Capacity Act 2005 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose what clothes they wanted to wear and the times they wanted to get up and go to bed. A person said, "I choose what time to go to bed and it depends if there's something I want to watch on television."
- When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example was the registered manager liaising with a person's relatives when it was necessary for them to have rails fitted to the side of their bed so they were at less risk of rolling onto the floor.
- Applications had been made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question 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; Promoting people's privacy, dignity and independence

- People were positive about the care they received. A person who had special communication needs smiled and waved in the direction of a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "I like seeing the staff around. It makes me feel safe."
- People received care that promoted their dignity. They had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair. People were supported to be as independent as they wished. A person said, "I like to wear coordinated clothes as I've always done and the staff help me choose things that go together."
- Imaginative steps had been taken to enable some people to reflect on their lives. Four people had been supported to prepare personal diaries using photographs, keep-sakes and artwork to recount key stages in their lives. The diaries were available for the people to read, enjoy and discuss. The registered manager said all the remaining people living in the service would be offered the opportunity to develop similar diaries.
- People's right to privacy was respected and promoted. Care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible.
- Communal bathrooms, toilets and most bedroom doors had working locks on the doors.
- Care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. People had been supported to meet their spiritual needs by attending religious ceremonies held in the service. A person had been offered a special menu that reflected their cultural heritage.

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

- People were supported to be actively involved in making decisions about things that were important to them as far as possible. An example was a member of care staff chatting with a person about whether they wanted to be assisted to have a bath or shower.
- All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.
- Private information was kept confidential. Care staff had been provided with training about managing confidential information in the right way. Written records that contained private information were stored

securely when not in use. Most care records were electronic and access to these was password-protected.

# 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 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

- Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans were being regularly reviewed in consultation with each person so they accurately reflected people's changing needs and wishes.
- People received personalised care responsive to their needs. We saw people being supported to safely move about their home with assistance from one or two care staff depending on their needs. Call bells were answered quickly.

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 had information presented to them in an accessible manner. Parts of care plans were written in a user-friendly way using an easy-read style with pictures and graphics. A book had been prepared using pictures and artwork to help people say what care they wanted to receive. They could do this by pointing to a page that expressed what they wanted to say.
- There was a written menu and the chef chatted with each person to help them decide what meal they wanted to have.
- Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details.
- The complaints procedure was written in an accessible way using larger print to make it easier to read. It explained how complaints could be raised and how they would be investigated.

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 been supported to keep in touch with their families. With each person's agreement the registered manager and senior care staff contacted family members to let them know about any important developments in the care being provided. A relative said, "I like knowing how my family member is doing and so appreciate the staff keeping in touch with me." The service had an internet connection and so people could use emails and other media platforms to keep in touch with their families.
- People were supported to pursue their hobbies and interests. There was an activities coordinator who

invited people to enjoy small group events including armchair exercises, games and crafts. They also engaged people on an individual basis helping them to deal with correspondence and providing nail and hand-care.

- People had been invited to attend themed events such as a 'rock and roll' evening where the dining room had been decorated as an American diner.
- There were outside entertainers who called regularly to the service. People were supported to benefit from community resources. Some people attended the Women's Institute and others took part in a local choir. Children from a nearby school regularly called to the service to spend time with people and to share experiences.
- Care staff helped people celebrate seasonal occasions such as Easter and Christmas and personal events such as birthdays.

Improving care quality in response to complaints or concerns

- The complaints procedure reassured people about their right to make a complaint. A relative said, "There's no us-and-them feeling in the service. The staff make relatives feel welcome and if there's something not quite right the manager's door is always open."
- There was a procedure for the registered manager to follow when managing complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The registered manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
- Records showed the service had not received any complaints since our last inspection visit.

End of life care and support

- People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
- The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life. There were arrangements for the service to hold 'anticipatory medicines' so they could quickly be given in line with a doctor's instructions to provide a person with pain relief.
- The service was working towards accreditation by a nationally recognised standard of good practice in supporting people to live and die well.
- At the time of our inspection visit no one was receiving end of life care.

# 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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as good. At this inspection this key question 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.

### Continuous learning and improving care

- People and their relatives considered the service to be well run. A person said, "I think it's pretty ship-shape here." A relative said, "It's well run and in general is a happy place."
- Quality checks had been completed regularly so people reliably received safe care and treatment meeting their needs and expectations. Checks included the delivery of care, management of medicines, learning lessons from incidents and health and safety. There was a weekly 'critical meeting' attended by senior staff to review key parts of the running of the service.

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

- People had been invited to comment on their experience of living in the service. There were regular residents' meetings at which people had been supported to suggest improvements to the service. People had also been invited to give feedback on an individual basis. Suggested improvements had been implemented. An example was changes being made to the menu to accommodate people's changing preferences.
- Relatives had been invited to complete quality assurance questionnaires to give feedback about their experience of using the service. Relatives were consistently positive in the comments they made.
- Members of staff and health and social care professionals had also given positive feedback about how well the service met people's needs for care.

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

- Care staff had been supported to understand their responsibilities to meet regulatory requirements. There were up-to-date policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of equipment such as hoists, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to support staff.
- There were handover meetings between shifts so care staff knew about any changes in the care a person needed and wanted to receive. Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team.

- Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. A relative said, "It's very clear to me that this place is run for the residents and that their welfare comes first."
- The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with responsive care.
- The registered manager regularly attended a meeting of managers based in other of the registered provider's services to share and learn from examples of best practice in the provision of residential care for older people.