Avonpark Village (Care Homes) Limited

Alexander Heights Care Home

Inspection report

Avonpark
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Limpley Stoke
Bath
BA2 7FF
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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?	Requires improvement
Is the service well-led?	Good

Overall summary

Alexander Heights offers accommodation and personal care for up to 28 people. At the time of the inspection there were 12 people were accommodated. The home is within the Avonpark Village where there are other care homes and independent living apartments and houses.

This inspection was unannounced and took place on the 14 and 15 July 2015.

A manager was recently appointed. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The arrangements for assessing people's capacity to make decisions were not clearly defined. Records of Mental Capacity Act (MCA) 2005 assessments that include

Summary of findings

the process followed for assessing people's capacity were not in place. People knew the decisions they were able to make and who supported them to make more complex decisions. Members of staff enabled people to make decisions and knew consent had to be gained from people before they delivered care and treatment.

The arrangements for ensuring sufficient staffing levels were on duty at all times were not appropriate. People said enough staff were not always on duty for them to pursue their interests. Members of staff said additional pressure was placed on them at peak periods during the day.

Care plans did not provide guidance to staff on how they were to meet people's needs. Care plans gave staff conflicting information and they were not updated to reflect people's current needs.

People were protected from the risk of harm and from the risk of abuse. Processes and procedures in place ensured members of staff knew how to identify abuse and they knew the expectations placed on them to report abuse. Risks were managed appropriately. People's level of dependency was assessed and where risks were identified action was taken to lower the levels of risk. Safe systems of medicine management were in place.

Induction was provided to new staff. Staff attended the training needed to develop their skills and understanding of people's needs. Arrangements were in place for staff to discuss concerns, performance and training needs. Members of staff benefited from one to one meeting with their line manager.

Suitable arrangements were in place for people to receive ongoing support from healthcare professionals.

The care and treatment delivered to people by the staff was compassionate and dignified which respected their rights. Members of staff addressed people by their preferred name and used a respectful manner to consult people about their needs. We saw people interact with staff in a friendly manner.

Procedures on how to make complaints were in place. People said they knew who to approach with complaints. Members of staff knew the procedure for making complaints.

Management systems in place ensured there was a supporting culture. Staff said the manager was approachable. Quality assurance arrangements were effective and ensured people's safety and wellbeing.

We have made a recommendation for the provider to seek guidance on applying the provisions of Mental Capacity Act (MCA) 2005.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

The arrangements for staffing levels did not ensure there were sufficient staff on duty during peak periods.

People were safeguarded from abuse and risks were managed appropriately. Procedures and protocols ensured where risks were identified action was taken to lower the level of risk.

The systems of medicine management ensured safe administration of medicines to people.

Requires improvement

Is the service effective?
This service was not effective.

Mental Capacity Act (MCA) 2005 procedures were not clear for staff to follow. Records were not maintained to show the process followed by the staff to assess people's capacity.

The training programme in place ensured people received their care and treatment from staff who were skilled to meet their needs.

The meals served were adequate and helped people to maintain a balanced diet.

Requires improvement

Is the service caring?
This service was caring.

People receive care and treatment in their preferred manner which respected their human rights.

Members of staff were respectful and consulted people before they offered support. People said their care and treatment was delivered in a dignified manner.

Good

Is the service responsive?
This service was not responsive.

Care plans did not reflect people's current needs. Care plans did not give the staff clear guidance on meeting people's needs. Care plans were not in place for the people receiving short term care at the home.

People were able to pursue their hobbies and nterests. People who chose participated in group activities. Other people preferred to remain in their rooms and read or listen to the radio.

The complaints procedure ensured people knew how to make complaints. People said they would approach the manager with complaints.

Requires improvement

Summary of findings

Is the service well-led?

Good

This service was well led.

Systems were in place to gather people's views. Regular meetings to discuss the running of the home and surveys were used to seek people's views. The manager considered the suggestions made and acted upon them.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Effective systems to monitor and assess the quality of care were in place which ensured people received consistent standards of care and treatment.

Alexander Heights 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 14 and 15 July 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with five people who used the service, the manager, area manager, deputy manager and four members of staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people and one person on respite care. We also looked at records about the management of the service.

Requires improvement

Is the service safe?

Our findings

The staffing arrangements were not always adequate to meet people's needs during peak periods. People knew the staffing arrangements in place. They said there were two staff on duty throughout the day. One person said "I feel there should be more staff. There is not enough staff to take me down to the garden as there won't be enough staff left [in the home]." Another person said "I feel there should be more staff I could be here all day by myself. Not enough staff for them to sit and chat. Yesterday there were only two staff. We are told two staff on [duty] are enough." Another person said agency staff were used to maintain staffing levels. They said they knew the agency staff coming on duty that day. Another person said "we need another member of staff. In the morning its hectic the bells [nurse call] are ringing at the same time."

Staff said the staffing levels were appropriate except when the senior had to carry out administrative tasks. For example, when there are new admissions. They said this brought on extra pressure on them at meal times and when people needed support with personal care. At the time of the inspection we saw two staff delivering direct care, in addition there was an activities coordinator and housekeeping staff carrying out cleaning tasks. The activities coordinator and housekeeping staff do not deliver direct care

People were safeguarded from abuse by the processes and procedures in place. People said they felt safe living in the home. One person with sensory needs said they felt safe in their surroundings. Staff attended safeguarding adults training to ensure they were able to identify abuse and received guidance on the procedure for reporting suspected abuse. Members of staff knew the signs of abuse and the expectations placed on them to report suspected abuse. One member of staff explained they had previously used the procedures for reporting allegations of abuse.

Systems were in place to identify risk and action was taken to manage the risk appropriately. People's level of dependency was assessed and where risks were identified a plan to lower the risk was developed. Risk assessments were devised for people at risk of falls and for people at risk of developing pressure sores and malnutrition and for people with mobility needs. Members of staff described the steps taken to manage risk. They said safe systems of moving and handling were used for people with mobility needs. For people at risk of malnutrition they monitored their food and fluid intake. Another member of staff said risk assessments were in place for people at risk of falls and at risk of developing pressure ulcers.

Safe systems of medicine management were in place. Medicines were administered from a monitored dosage system and staff signed the medicine administration records (MAR) charts to show they had administered the medicine. Protocols for medicines to be administered when required gave staff guidance on the circumstances when the medicine was to be administered. For example, pain relief medicine for chest pain caused by coronary heart disease.

Requires improvement

Is the service effective?

Our findings

The processes to meet the requirements of the Mental Capacity Act (MCA) 2005 were not clearly defined. A record of capacity assessments for people with cognitive impairments was not maintained. We saw staff had recorded for one person they lacked capacity to make decisions but a record of the MCA assessment was not in place. This meant staff were not fully aware of the decision people with cognitive impairments were able to make.

Members of staff showed a good understanding of the requirements of the Mental Capacity Act (MCA) 2005. They knew the agencies and professionals to consult when people needed support to make specific decisions. For example, the GP was consulted for decisions about medical treatments in the event of a cardiac arrest.

We recommend that the service finds out more about the provisions of the Mental Capacity Act 2005 and how to apply the principles using current best practice.

Staff supported people to give consent to their care and to their treatment. Staff said people made decisions from the options available. One person said they made all their decisions and their relative had enduring power of attorney to help with more difficult decisions about finances. Another person said they made their own decisions about their care and treatment and had refused medical intervention.

Restrictions were not placed on people's movement around the property. We saw people moving freely around the retirement village.

People were supported to have sufficient food and refreshments to maintain a balanced diet. One person said "the food has very little flavour." They said they did not have any input into menu planning. They said there were choices for example, at lunchtime there was a fish and a meat course. Another person said the food was acceptable but catering staff did not visit them to ask for their meal preferences and their likes and dislikes. Staff said people were asked to select their preferred meal for the following day. We discussed the comments made by people to with the manager. The manager took prompt action and arranged a meeting for people to discuss concerns about menus with the chef.

New staff received an induction when they started work at the home. A member of staff said their induction involved shadowing staff. An induction workbook had to be completed which senior staff signed when they were competent to undertake tasks unsupervised. They attended first aid, moving and handling and infection control training during their induction.

Staff were supported to develop their skills and the knowledge needed to meet people's needs. The provider had identified trainings such as safeguarding vulnerable adults and moving and handling as essential training for the staff. The training matrix showed staff had attended essential training. Mental Capacity Act (MCA) 2005 and Equalities and Diversity training was to be provided in July 2015

Staff said the training was good. One member of staff said training had improved and there were opportunities for professional qualifications. For example, diploma courses. Another member of staff said they had recently attended a vocational course in medicine management.

Suitable arrangements were in place to support staff with their responsibilities of their role. Members of staff were able to discuss their concerns, performance and training needs during one to one meetings with their line manager. The manager told us staff appraisals were taking place.

Suitable arrangements were in place for people to receive on-going medical support. One person said GP visits were arranged when needed. Staff said GP visits happened twice weekly and a record of the visit was maintained. We saw staff recorded the nature of the visit from healthcare professional along with the outcome of the visit. A record of visits from healthcare professionals was maintained. We saw people had were seen by a GP where appropriate, they had visits from the chiropodist and wound care was from district nurses.

Good

Is the service caring?

Our findings

A person centred approach to care was used to meet people's needs. Staff said people were given choices and they were the main focus of care. A member of staff said "we work on what people want, its person centred."

The views of people and their relatives about the quality of care delivered was gathered through group meetings. People told us they attended the meetings. We were also told the manager was approachable and their suggestions were always considered.

The care and treatment people received from staff was respectful. Staff said to create trust "It's easier when you know the person for who they were." Another member of staff said "we read care plans and during personal care we chat to people. We are kept informed about people's daily needs." One person told us they were accompanied by staff on hospital appointments. Another person said "I like all the staff. They are friendly. There is always someone [staff] to put it right."

Staff said care was delivered to people in privacy and in a dignified manner by a stable team. A member of staff explained they respected people's religion and supported them to follow these beliefs. One person said the staff respected them.

We observed a group activity on the first day of the inspection. We saw the activities coordinator supporting people with a quiz. People were supportive of each other and there was a social and friendly atmosphere.

Requires improvement

Is the service responsive?

Our findings

Care plans were not developed from assessments of needs or updated following the review of risk assessments. Care plans were not developed on how staff were to meet people's needs. The guidance given to staff was conflicting and care plans were not updated to meet people's current needs. For example, the personal care plan for one person said "independent and can tell staff if there are skin breakdown". Tissue Viability Care plan said, staff to decide skin integrity during personal care. For the same it was documented they were disruptive during meal times but there was no guidance on how staff were to manage these situations.

We saw documented for a second person where staff had assessed them at medium risk of falls. Poor transfers and mobility. However, the care plan dated 24 July 2014 said mobile and able to meet own needs. This person was also assessed at high risk of pressure sore. On their Waterlow assessment dated 15 April 2015 there was an increase to a 20 score but the care plan was not updated.

For a third person a care plan dated 20/12/2014 says does not use continence aids. A review of needed dated 27/6/2015 says asking for continence aids.

We saw a Resident Assessment form dated 25 June 2015 was the only source of information for another person on respite care which included the contact details of GP and medicine administration by district nurses.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some care plans described how people wanted their care to be delivered. People were not aware they had a care plan in place and staff were not clear on their responsibility to develop care plans. One member of staff said it was the seniors who devised care plans while another said it was the responsibility of all staff. One person told us the staff knew how to care for them. This person said "they like us to be independent because staff want people to maintain their independence."

Existing staff said there was a small team and communication between them was good. They said at handovers they were told about people's health and wellbeing. Agency staff said they were given a handover about people's needs when they arrived on duty. They said a one page summary of need were being developed for agency staff to have an overview of people's needs.

Three of the four people we spoke with said there was a programme of activities and they participated in group activities. The programme of activities was on display in the home. One person said they preferred to read and not to participate in group activities.

The complaints procedure was not on display in the home. The manager said a complaints procedure was to be put on display to inform people on how to make complaints. People said they would approach the manager with their complaints. Staff knew the complaints procedure. They said when people made complaints they were passed to the manager for investigation. People said they would approach the manager with their complaints. There were six complaints received which the manager had investigated and took appropriate action to resolve the complaints.

Good

Is the service well-led?

Our findings

People said their views about the service were sought. One person said relatives meetings were held three monthly. The minutes of the residents meeting held on the 8 April 2015 included the topics discussed and the suggestions made. Where people made suggestions action was taken by the manager. For example, care plans were to be reviewed and drinking glasses were replaced.

Good working relationships were established. Staff said the team was small and they worked in a flexible manner. Staff meetings were held to inform staff about policy changes and codes of practice. The staff meeting minutes dated 15 May 2015 included the topics discussed, for example sickness absence procedures and use of mobiles.

Staff said the manager was approachable and a deputy was recently appointed. People said they knew the manager who was approachable and took action on their comments and feedback.

A manager was recently appointed.

Quality Assurance systems and processes in place ensured people's safety and well-being. Systems were used to assess, monitor and improve the quality, safety and welfare of people. There were effective systems of auditing which ensured people received appropriate care and treatment. The system of audits included medicine management, care planning, infection control for the spread of infection. The deputy manager told us the care plan audit had identified care planning systems needed improving. For example, care plans were to be rewritten following reviews. Significant events were analysed for example, people at risk of malnutrition, falls and misconduct of staff. The manager told us reports were developed monthly on areas of risk which the area manager analysed to identify trends and patterns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care plans were not developed on how staff were to meet people's needs. Care plans did not give guidance to staff on how to meet people's current needs.