

Alverstoke House Nursing Home

Alverstoke House Nursing Home

Inspection report

20 Somervell Close
Alverstoke
Gosport
Hampshire
PO12 2BX

Tel: 02392510254

Website: www.alverstokehouse.com

Date of inspection visit:

02 September 2021

10 September 2021

Date of publication:

27 September 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alverstoke House Nursing Home is a care home providing accommodation and nursing care for up to 29 people, including people living with physical and nursing needs. There were 14 people living at the home at the time of the inspection.

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

During the inspection we identified significant improvements in all aspects of the service. People were happy living at Alverstoke House, spoke positively about the care they received and told us they felt safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, some improvements were still required in relation to the service working within the principles of The Mental Capacity Act.

People's care plans and risk assessments contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person. These were reviewed regularly to ensure the care and support provided to people, continued to meet their needs.

New processes in relation to medicine management had been implemented. This had resulted in improvements in all aspects of medicine provision to ensure safe and effective administration.

Recruitment practices were effective, and we observed there were sufficient numbers of staff available to meet people's needs in a safe and unhurried way. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role. People were protected from avoidable harm and individual, environmental and infection control risks were managed appropriately.

People were supported to access health and social care professionals when needed and received enough to eat and drink, however we received mixed views of the food provided.

People's needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs. People were supported to partake in both group and one to one activities.

Effective quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 14 May 2021) and there were multiple breaches of

regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect it. Ratings from previous comprehensive inspections for this key question were used in calculating the overall rating at this inspection. Please see the safe, effective, responsive and well led sections of this full report.

The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alverstoke House Nursing Home on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always effective.

Details are in our effective 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.

Alverstoke House Nursing 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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector and an assistant inspector who visited the service and an Expert by Experience, who contacted relatives of people who use the service by telephone. 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

Alverstoke House Nursing Home 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. 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also reviewed the monthly reports the service had provided us with following their last inspection.

The provider was not asked to complete a provider information return 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 took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and nine relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, lead nurse, chef and care staff. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

We reviewed the safety of the environment, medicine processes, infection control processes and observed interactions between staff and people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from one professional who has regular contact with the service.

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 inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last three inspections we identified concerns with the safe management of medicines and found this to be in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action and was no longer in breach of regulation 12.

- At the last inspection we identified shortfalls in relation to the safe storage, ordering and disposal of medicines. At this inspection we found action had been taken to address these issues. There were systems in place to ensure medicines were ordered, stored and disposed of safely.
- New systems had been implemented which including daily, weekly and monthly checks to ensure medicine had been given as prescribed and to help confirm medicines were always available to people.
- On review of records relating to 'as required' medicines we noted on some occasions these lacked detailed information about why the medicine had been given and the outcome. This was discussed with the registered manager who agreed to ensure actions would be taken to address this.
- At our last inspection we found topical medicines, such as creams and ointments were not managed safely and information within Topical Medicines Administration Records (TMAR) to be conflicting. At this inspection, we found action had been taken to ensure people received these medicines as prescribed.
- The provider used an electronic system for medicines management, including medicine administration records (MAR). This used a traffic light system to alert staff to which medicines are due to be administered and when. The system also alerted staff if a medicine had not been administered. This helped to reduce the likelihood of medicines errors occurring. A review of the MARs confirmed people had received all their medicines as prescribed.
- People told us they had no concerns about their medicines and received these when they needed them.

Assessing risk, safety monitoring and management

At our last three inspections we identified the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed, managed and mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action and was no longer in breach of regulation 12.

- At the last two inspections we found that monitoring records did not provide us with assurances that people were supported as highlighted in their care plans and risk assessments or that these risks were monitored and managed as required. At this inspection we found systems had been implemented to ensure people received the care they required in a timely way. Care plans and risk assessments provided staff with clear and detailed information in relation to people's needs and how they should mitigate risks. For

example, details included; required equipment, frequency of monitoring and repositioning, where required and information for staff on how to identify changes in a person's needs and actions they should take.

- Monitoring records viewed demonstrated that people were supported as detailed in their care plans and risk assessments or that these risks were monitored and managed as required. There were clear processes in place to monitor risks to people. This helped to ensure they received effective care to maintain their safety and wellbeing.

- Risk assessments were reviewed and updated regularly, which helped to ensure staff were provided with the most up to date information on how best to support people safely.

- Staff had a good knowledge of potential risks to people and how to mitigate these risks.

- People had up to date Personal Emergency Evacuation Plans (PEEPs) in place, these described the support people would require in the event of a fire or similar emergency. Checks of fire equipment such as alarms, door, lighting and fire extinguishers were completed regularly.

- Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where needed, to help ensure the safety of the environment.

- Gas and electrical safety certificates were up to date, and the service took appropriate action to reduce potential risks relating to Legionella disease.

- There were plans in place to deal with foreseeable emergencies.

Staffing and recruitment

- We received mixed views about staffing levels. People and staff told us they felt there were enough staff at the service to meet people's needs in a timely way. People's comments included, "There are enough staff, they come quickly if I ring my bell", "Oh yes, they [staff] do come quickly, and "I'm very happy with the service, staff help me when I need them to, nothing is too much trouble." However, a few relatives told us, they felt there were not enough staff, particularly at weekends. This feedback was shared with the provider and registered manager who agreed to review this.

- Throughout the inspection we observed staffing levels were appropriate to meet people's needs. Staff were available to people and responsive to people's requests for support in a timely way. There was a relaxed atmosphere in the home, staff had time to chat to people and support them in a calm and unhurried way.

- The rotas reflected a consistent level of staff were provided and the registered manager told us this was based on people's needs. Staffing levels were assessed using a dependency tool, which was calculated according to each person's individual level of need. The tool produced a score which was used to determine the amount of staffing hours required to support people appropriately. The registered manager reviewed the score regularly, to ensure that staffing levels continued to be appropriate if people's needs changed.

- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe and well looked after", "I feel very safe" and "I am not worried at all, it's all very good."

- Staff understood their safeguarding responsibilities and knew how to report any concerns. A staff member said, "I would report any concerns to the manager or provider, I know they would do something, but if I needed to would report to safeguarding or CQC directly."

- There were systems and processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Since the appointment of the registered manager new processes had been implemented to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

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 Requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last full comprehensive inspection completed in February 2020 we identified the provider had failed to ensure people were not deprived of their liberty, for the purposes of receiving care or treatment, without lawful authority. This was a breach of regulation 13 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 13. However, some improvements were still required in relation to the service working within the principles of The Mental Capacity Act.

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 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.

- Consent forms were signed by people who were deemed as having mental capacity to make these decisions. These included consent forms for photographs, care and treatment, assistive technology, medicines, Covid-19 testing and bed rails, if required. However, we found where people lacked the capacity to understand and consent to aspects of their care, a formal assessment under the MCA and subsequent best interest decision was not always completed as needed. For example, we found on several occasions, best interest decisions were recorded for people without a mental capacity assessment being completed. Additionally, we also found occasions where capacity assessments were completed for specific decisions and although these assessments highlighted capacity was lacking no best interest decision was recorded. We discussed this with the registered manager, and it was clear they understood the requirements under the MCA but had not always reflected this in the records. The registered manager agreed to address this.
- People told us their wishes and choice were respected by staff. A person said, "They [staff] will always ask

me first before doing anything, they are very good." A staff member told us, "I always ask first and if they [person] doesn't want to get up that's their choice."

- Staff had received training in the MCA. We observed staff seeking people's consent before assisting them.
- The registered manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) as required. There were systems in place for monitoring these and ensuring they were kept up to date.

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

- We received mixed views from people and relatives about the food provided at the service. Some people told us, they enjoyed the food they received, and comments included, "[Name of person] enjoys the food" and "The food is good and we get plenty to eat." However, other comments included, "There needs to be more food options. It is the same menu all the time", "There is a lack of variety" and "Lunch isn't always good." This was discussed with the provider and registered manager who advised they had recently completed a food audit at the home and were working through any issues that were raised to address this.
- Throughout the inspection, people were offered drinks and snacks regularly. Care records and food and fluid charts demonstrated people had choice and access to enough food and drink throughout the day and night.
- People's care plans highlighted their food preferences, such as the type of diet they required, any food allergies and the level of assistance they needed.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs and professionals were involved where required to support people and staff.
- Staff understood people's dietary needs and requirements.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last comprehensive inspection completed in February 2020 we identified the provider failed to ensure people were provided with safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 12.

- At our last comprehensive inspection completed in February 2020, we identified information was not always updated in a timely way when people's needs changed, and key information was missing from people's care plans which was essential to support them. At this inspection we found improvements had been made.
- People's needs were fully assessed prior to their admission. This was to ensure their care needs could be met safely and effectively and in line with current best practice guidance.
- Information had been sought from people, their relatives and any professionals involved in their care, when required. Information from these assessments had informed the plan of care.
- Care plans were kept under review and amended when changes occurred, or if new information came to light.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.
- People were supported to maintain their health by timely access to relevant health professionals, such as dietitians, GPs and physiotherapists. This was evident within people's care records and from comments made by people and their relatives. Comments included; "The home have adjusted [persons] medications when necessary and liaised with the GP", "The home has arranged an appointment with a dermatologist",

"The staff ask for support from external professionals promptly" and "A dentist is coming on Monday." Relatives also told us about improvements in their loved one's health. For example, one relative said, "[Person's] eczema has improved." The service had also received a written compliment from a relative which stated, '[person's] pressure sore healed due to wonderful care and attention.'

- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. Detailed person specific documentation was in place to support this.

Staff support: induction, training, skills and experience

- Throughout the inspection staff demonstrated they had the necessary knowledge, skills and experience to perform their respective roles.
- People and relatives described staff as being well trained. People's comments included, "They [staff] are very good" and "Staff know what they are doing." A relative told us, "Staff seem to be trained, they are very gentle with [name of loved one]."
- Staff told us they received appropriate training in a timely way. Training staff had received included; communication, moving and handling, medicines, fire safety, infection control and safeguarding. Staff had also received training specific to people's individual needs and conditions. For example, training in relation to, falls management, diabetes care and wound care.
- The provider had a system in place to record the training that staff had completed and to identify when training needed to be refreshed. On review of this system we found, staff had mostly received the training required in a timely way.
- There was a robust induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff.
- Staff received regular one to one supervision with the registered manager. These sessions of supervision provided an opportunity for the registered manager to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop.

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

- The home was clean, tidy and well maintained. People and relatives were also very positive about the cleanliness and maintenance of the home.
- People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.
- The home was based over two floors and there was a choice of communal spaces comprising of two communal lounges, a dining room and a conservatory, which allowed people to socialise or spend time alone.
- Adaptions had been made to the home to support the needs of the people living there. A passenger lift gave access to the first floor, most bedrooms had en-suite facilities and signage was in place to support people living at the home find their way around.
- There were well maintained and comfortable external spaces available for people to enjoy.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- At the last full comprehensive inspection in February 2020 we found inconsistencies in the amount of person-centred information that was recorded within people's care files. At this inspection we found care plans contained information that captured people's likes and dislikes, abilities, support needs, wishes and protected characteristics such as their cultural needs, sexuality and personal preferences.
- Care staff told us they knew people well and demonstrated they had a good understanding of people's family history, individual personality, interests and preferences. Staff were able to describe in detail specific care needs of people and how they wanted these needs to be met. People confirmed staff know them well and understood their needs.
- Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.
- Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. Throughout the inspection we observed people being given choices about where they spent their time and what they wanted to eat and drink.
- Staff worked together well to deliver timely and effective care to people.

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 identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
- The management team was aware of AIS. Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial.
- Where required the management team would work with outside agencies, to help ensure that people were provided with information in a way they could understand.
- Staff knew how to communicate with people to understand their wishes. For example, we observed staff talking to people at their eye level, explaining things to them again and waiting for them to respond at their own pace.

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

- The service employed two activities coordinators, whose role it was to arrange activities, events and outings for the people living at the home and prevent social isolation. Activities provided included, arts and crafts, music, quizzes and exercises.
- People and relatives were mostly positive about range of activities provided. People reported enjoying the activities and during the inspection we saw that activities were well received by people. One written compliment received by the service stated, 'The range of activities are outstanding.' Relatives comments included, "[Person] has more recently enjoyed activities every week. There has been a dog visit, bingo, a hoops and bean bag game. [Person] is always encouraged and goes outside every day", "[Person] loves the activities. I would really like there to be more" and "[Name of Activities Coordinator] is very good. They paint [persons] nails and will do a crossword with her. A singer sang outside the home on the bank holiday. There has also been a ukulele band, [person] loved it."
- For people who were unable to take part in group activities the activities coordinators would visit them in their rooms and provide them with one to one interaction, including reading to them or providing them with hand massages or manicures.
- Staff were knowledgeable about people's right to choose the types of activities they liked to do and respected their choice. Activities were discussed during the resident's meetings to give people the opportunity to comment on past activities and share ideas about things they could do in the future.
- People were supported to maintain important relationships. Due to the recent COVID-19 restrictions, outing and visits from loved ones had reduced within the service in line with government guidance. However, management and staff had considered the psychological impact this could have on people and their loved ones. People were fully supported to remain in contact with loved ones through social media, and the management team and staff remained in regular contact with relatives. Visits were facilitated following the latest government guidance.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and information on how to make a complaint was available to each person and displayed within the home.
- One formal complaint had been received by the service since the last inspection. Records demonstrated there was a robust system in place for logging, recording and investigating complaints. Any complaints received would be acted upon immediately, investigated and action taken where required.
- People and relatives told us if concerns were raised action was taken by the registered manager or provider. A relative said, "Manager is good. The grievance we had when the hearing aid problem came up occurred during Covid and was overcome."
- Any complaints or concerns received by the service were regularly reviewed and audited so the service could identify and act on any recurring themes.

End of life care and support

- At the time of the inspection, two people living at Alverstoke House were receiving end of life care. Staff had received training in end of life care.
- End of life care plans had been developed for people, which contained information about people's individual end of life wishes. These included, people's desired wishes and outcomes and how the person wished to be looked after at the end of their life.
- The registered manager was able to provide us with assurances that people would be supported to receive good, effective end of life care to help ensure a comfortable, dignified and pain-free death. The registered manager told us, "It's so important to us to provide people with the care they want, we need to explore and respect their choices and we really want them to feel safe and secure in our care."
- The staff worked with other healthcare professionals, such as doctors and the local hospice to ensure

people had a dignified and pain free death.

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 Inadequate. At this inspection this key question has now improved to Good. 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; Continuous learning and improving care

At our last inspection we identified the provider had failed to ensure an effective governance system was in place and operated to assess, monitor and improve the safety and quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 17.

- Since the last inspection it was clear that the management team and staff had worked hard to make improvements to all aspects of the service.
- Effective quality assurance systems had been developed and implemented. These demonstrated systems were in place to continually assess, monitor and improve the quality of care people received. This included checks and audits covering all key areas of the service. Where required improvements had been identified and actions had been taken in a timely way.
- Quality monitoring tools had also been introduced to monitor and manage some key areas more effectively on a day to day basis. This included monitoring of pressure relieving equipment to ensure its effectiveness in preventing pressure sores, robust monitoring of topical cream application and daily observations of the environment and care provided.
- There was a clearly defined management structure in place, consisting of the provider, the registered manager and a lead nurse. Each had clear roles and responsibilities and were fully involved in the running of the service. All were fully aware of the services risks and challenges and they worked well together to address these so that a viable, safe and effective service for people could be sustained.
- Since the last inspection an emphasis on continuous improvement had been implemented. Monthly audits and action plans were sent to CQC as per the regulatory requirements placed on the service. These demonstrated audits were completed, which included, staffing, care plans, infection prevention and control, monitoring records and accidents and incidents. If concerns, themes or trends were identified actions would be taken to prevent reoccurrence.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision.
- CQC were notified of all significant events that occurred in the service.

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 demonstrated an open and transparent approach to their role. The previous

performance rating was prominently displayed on the premises.

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager was able to demonstrate they fully understood this, and it was followed when required.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

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

- At the last inspection staff described a negative culture within the home which was contributed to by frequent changes to the home's management. At this inspection people and relatives all described improvements in the culture at Alverstoke House. A relative said, "The atmosphere is fine. There is a lot of laughing going on." Another relative told us, "The staff are caring. They genuinely care and want the best for [person] and are doing the job against the odds. Staff are bright and jolly and have a lovely relationship with each other."
- The provider and registered manager had a clear understanding of what was happening in the service. They were a visible presence and were working hard to create and sustain a caring, inclusive and empowering culture.
- People and relatives commented positively about the changes in the service over the last six months. A relative said, "It's improved in the last six months. There used to be a number of different managers and I didn't get to know them. Now we have (name of manager) who phoned me early on and we had a conversation about [name of person] care and since then I have met her and had brief chats." Other comments included, "The Manager and owner have been around more" and "Much improved. The staff response has improved."
- Staff were positive about the registered manager and described positive changes they had made in the running of the service. Staff also told us they felt valued by the management team. Comments from staff included, "I feel like we all work as a team a lot better; we're a lot more organised", "The managers changing is a big positive and camaraderie [among staff] has gone up", "[Name of registered manager] is very positive she chats to you and likes to know what's going on" and "I can always go to [Name of registered manager] and her office door is always open she's approachable."
- The registered manager was open and transparent throughout our inspection and were clearly committed to providing good quality care that would continue to evolve and develop, by engaging with everyone using the service and stakeholders.
- The provider, management team and staff demonstrated a good knowledge of person-centred care and promoted people being involved and listened to, in the development of their care plans.

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

- People and most relatives told us they were involved in the running of the service and their opinions were sought. A relative said, "I am involved in all that is relevant, and the manager always keeps me up to date." Another relative told us, "There are regular emails to keep us informed and updated."
- People felt actively involved in making decisions about their care and the running of the service. Monthly residents' meetings were held where people were asked for their views about all aspects of the service, including food, staffing and activities. These meetings also provided the opportunity to share ideas for future activities.
- People and relatives were consulted in a range of ways. These included quality assurance surveys, 'resident's meetings' and one-to-one discussions with people and their families. The provider and registered manager acted on people's feedback.

- A monthly newsletter was in place which helped to ensure that people and relatives were kept up to date with changes in the home and upcoming activities and events.
- Staff were positive about the improvement in communication between themselves and the management of the service. A staff member told us, "They [management] listen to us now and take notice." Another staff member said, "I feel much more valued and they [management] ask for our views."
- Regular staff meetings were held. Meetings were used to provide information, such as planned improvements to the service, training, learning opportunities and sharing information about on-going practice developments. Minutes were kept and showed that where issues were identified or there was need for further improvements, actions required were detailed and addressed by the registered manager.

Working in partnership with others

- The registered manager and provider were working closely with health and social care professionals to improve the running of the service and the quality of the care provided.
- The management team were clear about who and how they could access support from should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support.
- Staff supported people to attend local community events and to access activities and support from external agencies.