

Alvington House Limited

Alvington House Retirement 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

The inspection took place on 21 September 2017 and was unannounced. Alvington House is a residential care home providing accommodation, personal care and support for up to 25 people. There were 8 people living at the service at the time of our inspection.

There was a registered manager in post who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse as staff understood their responsibilities in safeguarding people. Risks to people's safety were assessed and control measures implemented in order to keep them safe. Records of accidents and incidents were maintained and action taken to minimise the risk of them happening again. The provider had developed a contingency plan to ensure that people would continue to receive their care in the event of an emergency.

People were supported by sufficient staff to meet their needs and did not need to wait for their care to be provided. Robust recruitment processes were in place to ensure that only suitable staff were employed. Staff received an induction when starting work at the service and regular training and supervision was provided. There was an open culture within the service and staff felt able to discuss any concerns openly with the registered manager and provider.

People received their medicines in line with prescription guidelines and medicines were stored safely. People received support from healthcare professionals and guidance provided was followed by staff. People's weight was regularly monitored and a choice of nutritious food provided. People were involved in decisions regarding their care and the principles of the Mental Capacity Act 2005 were followed by staff.

Staff treated people with kindness and were attentive to their needs. There was a relaxed atmosphere in the service and people were able to make choices regarding how they spent their time. Staff knew people well and spent time socialising with people. People were encouraged to maintain and develop their independence. Visitors were made to feel welcome and there were no restrictions on the times people could receive visitors.

People's needs were assessed prior to them moving into the service and people's care records were regularly reviewed with them. Guidance was available to staff regarding how people preferred their care to be provided and we observed this was followed. A range of activities were provided which reflected people's individual hobbies and interests.

Quality assurance systems were in place to monitor the service provided and action was taken where any

concerns were identified. There was a complaints policy which gave guidance on how to raise concerns which was prominently displayed. People and relatives told us they were confident that any concerns would be addressed by the registered manager. People were able to contribute to the running of the service and regular feedback was sought. Records were well maintained and securely stored.

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.

There were sufficient staff deployed to meet people's individual needs.

Staff were aware of the different types of abuse and how they should report any concerns. Safe recruitment processes were followed.

Risks to people were identified and control measures implemented to protect people from avoidable harm.

Medicines were stored and administered safely.

Regular health and safety checks were completed to ensure that the building and equipment were safe for use.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to ensure they had the skills to meet people's needs.

Staff understood their responsibilities with regards to the Mental Capacity Act 2005 and people's legal rights were respected.

People had a choice about what they had to eat and drink and individual needs and preferences were catered for.

People's health care needs were met and relevant health care professionals were involved in people's care.

Is the service caring?

Good ●

The service was caring.

The atmosphere in the home was relaxed and welcoming.

People's privacy was respected and positive relationships were developed between people and staff.

People were encouraged to remain independent.

Visitors were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People had access to a range of activities to suit their individual needs.

Detailed assessments were completed prior to people moving into the service.

Care plans were comprehensive and presented in a person centred way.

Information on how to make a complaint was made available to people and their relatives.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture in the service and management support was accessible.

There were effective quality assurance processes in place and people and relatives were asked their views about the service.

People told us management were always visible and approachable.

Records were organised and securely stored.

Alvington House Retirement 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 21 September 2017 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider had completed a Provider Information Return (PIR). The PIR 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.

During our inspection we observed the care people received and spoke with the registered manager, the provider and three members of care staff. We spoke with five people who used the service and one relative.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Alvington House. One person told us, "I most definitely feel safe. I see staff going backwards and forwards all the time." Another person said, "I never thought about being unsafe." One relative told us, "I have had no reason to question that she is not safe."

Staff were aware of their responsibilities in safeguarding people from abuse. Staff had completed safeguarding training and records showed this was regularly updated. Staff were able to describe the different types of abuse and signs to look for that may raise concerns. Clear reporting procedures were in place and staff understood that any concerns should be reported to the registered manager in the first instance. One staff member told us, "One hundred percent I would go to [registered manager], the provider, CQC or Social Services if I saw anything that worried me." Records showed that where concerns had been reported this had been appropriately shared with the local authority safeguarding team and the advice provided had been followed.

Sufficient staff were available to meet people's needs in a timely manner. We observed staff were attentive to people's needs and no one had to wait for their care to be provided. There were enough staff available to ensure that people were able to choose when they received their personal care and support. Staff regularly checked that people were comfortable and spent time talking to people. People and their relatives told us they felt there were always staff available when they needed them. One person told us, "I am able to do most things myself but they (staff) are always around if I need them." Another person said, "There are always staff around." A relative told us, "I have never had an issue. Staff are always popping their head around her door asking her if she is okay or she'd like a cup of tea." The registered manager told us that although recruitment of staff was difficult, the staff worked together as a team to ensure that all shifts were covered. Where the need to use agency staff arose this was provided by a regular agency staff member who knew people's needs. Rotas viewed confirmed this was the case.

Safe recruitment practices were followed to ensure that staff employed were suitable to work in the service. Staff recruitment files contained applications forms, evidence of face to face interviews and written references from past employers. Evidence was also available to show that Disclosure and Barring System (DBS) checks had been completed. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff confirmed that they had not started their employment until all recruitment checks had been completed.

Individual risk management plans were completed in relation to people's support needs. Risk assessments were completed in areas including moving and handling, mobility, nutrition and hydration and skin integrity. Where assessments identified risks to the person's safety, control measures were implemented to reduce these risks. One person had been identified as being at high risk of falls due to a specific healthcare condition. Guidance provided to staff stated the person should be supported with their moving and handling needs by two staff members. With the person's agreement, they had moved to a room close to the staff office. This meant they no longer needed to use the stair lift and staff were able to closely monitor their well-being. Another person had been assessed as being at risk of choking. A referral had been made to the

Speech and Language Therapy Team and a soft diet recommended. We observed the person's meal was prepared in line with this guidance and staff regularly checked on the person whilst they were eating.

Accidents and incidents were reported by staff and action taken to prevent them happening again. Clear records were maintained of all accidents and incidents which were regularly reviewed by the registered manager. Records showed that one person had experienced a fall and had told staff their leg had given way. The person was referred to their GP and their medicines changed. They had not experienced any further falls since this action had been taken. The registered manager reviewed accidents and incidents for any trends or themes. This process had identified that one person was experiencing falls or near misses during the evening. An additional staff member had been deployed to support the person during this time to mitigate the risk of them standing without staff being beside them.

Safe medicines management systems were in place. Medicines were securely stored in locked cabinets and only staff designated to administer medicines had access. The temperature of the medicines storage area was monitored daily to ensure that it remained at a safe level. Systems were in place for the re-ordering and safe disposal of medicines and regular stock checks were completed. Staff responsible for the administration of medicines had completed training in this area and their competency had been assessed. Each person had a medicines administration record which contained a recent photograph, details of any allergies and clear descriptions of the medicines they were prescribed. The MAR charts were fully completed to show when people had received their medicines. Clear guidance was provided to staff on when to give PRN (as required) medicines, which included the reason the person may need them and the frequency of administration.

People lived in an environment which was clean and well-maintained. The provider had a rolling programme of maintenance which ensured that all areas of the home were regularly maintained. Regular health and safety checks were completed and any areas of concern were promptly addressed. A recent check had identified a tear in the hall carpet. The provider had taken timely action to ensure all the carpet in this area was replaced. Staff completed weekly fire checks and fire equipment was serviced in line with requirements. Each person had a personal emergency evacuation plan which detailed the support they would require to exit the building safely. There was a contingency plan in place which guided staff on the action to take in the event of an emergency. This included contact details and alternative accommodation should the building not be fit for use. This ensured the disruption to people's care would be kept to a minimum should an emergency arise.

Is the service effective?

Our findings

People told us they felt staff were skilled in their roles. One person told us, "They have been trained in the hoist and moving equipment." Another person said, "The staff are all very good here, very experienced. They make things very easy."

People received support from staff who were trained, experienced and skilled in their roles. All new staff completed an induction period prior to working unsupervised. Staff told us this gave them a good overview of their job role and the opportunity to learn about the people they were supporting. During their induction period staff were required to complete the Care Certificate in order to demonstrate their understanding of the role they had undertaken. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. Regular training and updates were provided to staff in areas including moving and handling, safeguarding, health and safety, nutrition and hydration and dementia. Staff told us they found the training useful in supporting them in their role. One staff member told us, "The training is very good. We do a lot of face to face and practice which is good." Another staff member said, "There is loads of training and (registered manager) lets us know about any courses they think would be useful."

Staff told us they felt supported and received regular supervision. One staff member told us, "The support is wonderful." Another staff member said, "We have supervision and can talk about anything, training, residents and any problems." The registered manager maintained a supervision log which showed that staff received supervision in line with the provider's policy. This meant that staff had the opportunity to reflect on their performance and discuss concerns as they arose.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the registered manager told us they were in the process of reviewing systems to assess people's capacity in relation to specific decisions. At this inspection we found that systems were in place and staff had a good understanding of their responsibilities. The service placed emphasis on enabling people to make their own decisions regarding their care. The registered manager and staff worked positively with people to establish their preferences. For example, there was evidence to show that one person had chosen to move bedrooms to a different area of the service where it was easier for them to mobilise. Staff had discussed the options with the person and given them the opportunity to view the room and facilities prior to moving.

During the inspection we found that no restrictions on people's liberties were in place. People were able to

access all areas of the service and the front door was unlocked. The registered manager was clear about the processes required should anyone lack the capacity to make specific decisions, the completion of best interest decisions and the completion of DoLS applications. Staff had received training in MCA and DoLS and were able to describe how this may impact on their work. One staff member told us, "You put them and their choices first. There are no restrictions here. If there were we would have to get the GP and family involved to discuss their best interests." Throughout the inspection we observed that staff gained people's consent prior to providing care and people's wishes were respected.

People were supported to maintain a healthy and nutritious diet. People told us they were offered a choice of food and drinks and we observed this was the case during the inspection. One person told us, "The food is very good. You get a choice." Another person said, "The food is excellent." A third person told us, "The food is very good. I am happy with what they serve." People were able to choose to eat in the communal dining room or in their room. Tables were nicely laid and meals were attractively presented. Catering staff were aware of people's likes and dietary needs and we observed that these were catered for. Staff regularly checked people were happy with their food. One person had decided to try something new at lunchtime but told staff they didn't like the option. Staff offered alternatives which the person was happy with. People were offered regular drinks throughout the day and snacks were readily available.

People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals. People told us that staff responded to any healthcare concerns. One person told us, "If I'm unwell the staff will phone the GP and they visit." Another person who had recently been discharged from hospital told us, "The staff have been very, very good with everything. They phone the doctor if anything is wrong." Care records showed that relevant referrals were made to healthcare professionals including GPs, district nurses, speech and language therapy and occupational therapy. Records of any appointments were well maintained and any advice provided was followed.

Is the service caring?

Our findings

People and relatives told us that staff were caring and treated them with kindness. One person told us, "The staff are very nice, very caring. You only have to ask for something and they do it." Another person told us, "I'm very happy here. The staff look after me very well." A third person told us, "All the staff are very nice. I like living here."

People were supported by staff who knew them well. The provider stated within their Provider Information Return (PIR), 'We are fortunate in that we have a dedicated group of staff, many of whom have been working at Alvington House for many years. This ensures continuity of care for our residents but also ensures that we know our residents well.' We observed this to be the case during our inspection. There was a relaxed atmosphere throughout the day. People appeared comfortable in the presence of staff and chatted easily about their day, their family and past lives. We observed staff using appropriate touch to reassure people such as stroking a person's hand or gently rubbing their back. We observed staff showing one person photographs and having a long discussion regarding a recent family event. The person was very engaged in the conversation, asking questions and sharing memories.

People's choices regarding their preferences and daily routines were respected by staff. People told us they were able to get up and go to bed when they wanted and had the choice of how they spent their day. One person told us, "I'm up early because I like to be up early. I can do what I like here." We observed another person had chosen to have a lie in bed. Once they were ready to get up staff asked them if they would like to have their personal care before or after their breakfast. Another person told us, "You can please yourself here. I prefer to stay in my room most of the time and have plenty to do." We observed staff offering people options throughout the day regarding where they would like to spend their time, what they would like to do and who they wanted to spend time with.

People were supported to maintain their independence. We observed the majority of people were able to mobilise independently and moved around the service without restriction. One person's mobility had recently deteriorated and staff were supporting the person with daily exercises to help them in regaining as much movement as possible. At lunchtime staff encouraged people to eat independently but were on hand to support should this be required. We observed one person's meal was served in a high sided plate which enabled them to eat independently. One staff member told us, "I try and encourage and prompt people. I go shopping with people to support them to go out and be independent."

Staff understood and respected people's culture, diversity and human rights. Care records contained information regarding people's preferences in the way their care was provided as well as their spiritual, cultural and end of life wishes. One person told us they enjoyed attending regular church services. The service had arranged for volunteers from the person's church to support them to attend on a regular basis.

People's dignity and privacy was respected. We observed staff knocked on doors before entering people's rooms and let the person know who they were as they were entering. People and their relatives told us that staff treated them with respect. One person told us, "Respecting dignity is one of their strongest points." One

relative told us, "Mum is very fond of the staff. They respect her decisions." Staff demonstrated they understood the importance of treating people with dignity and respect. One staff member told us, "I treat them how I would want to be treated. Dignity is very important. I listen to them and respect what they say."

Relatives told us they were made to feel welcome when visiting the service and there were no restrictions on the times they could visit. The registered manager told us that visitors were welcome at any time and regular contact with family members was maintained. We observed that staff greeted people's visitors warmly and made them feel welcome.

Is the service responsive?

Our findings

People and their families told us they were involved in developing their care plans and they were regularly reviewed. One person told us, "They've talked to me about my care plan and give me the help I need." A relative told us, "Mum is thoroughly looked after. The staff are very supportive and respect her decisions."

People's needs were assessed prior to them moving into the service to ensure their needs could be met. People were involved in their assessment as much as possible and were supported by a relative if appropriate. Assessments were detailed and included areas such as people's communication needs, personal background, likes and dislikes, physical health needs, cognitive ability, mobility, dietary needs and information about family and friends. Information from assessments was transferred into care plans to ensure staff had the guidance they required to support people's needs.

Care plans contained detailed information about people and how they preferred their support to be provided. Information about people's likes and dislikes and life histories was well documented and staff were seen to know people well. Care plans were reviewed regularly and any changes in people's needs were reflected. For example, when one person had refused to take their medicines on a number of occasions. Following discussions it was agreed that the person's GP would be contacted if they refused to take their medicines for more than two days. Records showed this process had been followed and following a discussion with their GP the person had started to accept their medicines.

At our last inspection we made a recommendation regarding the development of activities to ensure they reflected people's hobbies and interests. At this inspection we found that people were provided with activities they enjoyed and were of interest to them. People told us they were happy with the activities provided. One person said, "I don't get bored, I have plenty to read and staff come up with things for us to do." Another person told us, "I'm not bothered about going out these days. I have plenty to do with magazines and papers. A lady comes and does exercises with us, she's very good." We observed people spent the mornings occupying their own time reading, watching television or talking with staff. One person visited another person in their room and they spent time chatting with each other. People told us this was their choice and staff would organise an activity for them if they wanted. We observed staff did ask people if they would like to go out for a walk and offer other activities. In the afternoon most people sat in the lounge area with staff and took part in a quiz. There was a pleasant atmosphere and staff generated conversation between people. Activities records showed that regular entertainers visited the service including singers, exercise groups and 'Wild Science Animal Therapy'. Photographs of these groups showed that they were well attended. People were also encouraged to go for regular walks and those with an interest in gardening helped with potting plants.

People told us that they knew how to make a complaint and felt staff would respond positively if they raised concerns. One person told us, "I have no complaints but I would go to the office if I had any and they would sort it out." Another person told us, "I would talk to (provider). He's a very, very pleasant man." The provider had a complaints policy in place which was clearly displayed in the communal hall. The policy gave guidance on how a complaint could be made and the timescales for receiving a response. The registered

manager maintained a complaints log which was regularly reviewed. Records showed that one complaint had been raised within the last 12 months. This had been investigated and appropriate action taken.

Is the service well-led?

Our findings

People and their relatives told us the registered manager was approachable. One person told us, "I see (registered manager) all the time. I don't think there's anything needs improving here." A relative told us, "(Registered manager) is totally open and will discuss things."

We observed people and staff appeared comfortable engaging with the registered manager. The registered manager demonstrated an in-depth knowledge of each person, their backgrounds and their care needs. They told us, "I work some shifts and am always around so I know the ladies and can see any changes." Staff told us there was a positive culture within the service. Staff were motivated in their roles and worked together as a team. One staff member told us, "We have good teamwork and we all get on and help each other out." Another staff member told us, "I really love my work. I give them the best that I can and I am always happy." We observed staff communicated well, regularly sharing information and offering support to each other.

Feedback regarding the quality of the service provided was sought from people, their relatives and healthcare professionals. The service distributed an annual survey to gain people's views. Comments received were positive and included, 'Mum is very comfortable and we are very happy with her care. The staff are lovely', 'Alvington House is a little gem. I am very reassured that my Mum is well looked after'. A visiting healthcare professional had commented, 'I'm always impressed with the care given at Alvington House'. Residents meetings were held regularly and records showed that people's views were listened to and acted upon. Resident meeting minutes showed people had requested the vocalist who visited the service be booked more often. Activity records confirmed this had been actioned. Another person had requested that more vegetarian options were added to the menu. The registered manager told us that as a result menus had been reviewed and vegetarian options had been added through the week.

Staff members told us that both the registered manager and provider were approachable and supportive. One staff member told us, "I definitely feel valued. They always comment on my work. (Registered manager) is really hands on and so is the provider." Another staff member said, "(Registered manager) is very good. The providers show that they appreciate us." Staff told us they felt able to discuss any concerns with either the registered manager or provider and they felt their opinions were listened to. Regular staff meetings were held to discuss people's care needs and welfare, routines within the service and organisational developments. Staff told us they felt able to contribute within meetings and action was taken following discussions. One staff member told us, "I raised that most people were now choosing to stay in bed later so are having their lunch soon after breakfast. (Registered manager) has said she will raise this at the residents meeting to get people's views." Staff meeting minutes showed that two people had recently requested not to have night checks. Staff had discussed how this would be implemented to ensure risks were monitored and people were kept safe.

The service had quality assurance systems in place to assess, monitor and improve the quality of care at the service. The provider's PIR stated, 'Our Audit structure incorporates on-going reviews and ensures that shortfalls are rectified. This is a continual process and it is only by doing this that the service we provide

continually develops and improves.' Records viewed showed that quality assurance systems were effective. The senior management team completed a series of monthly audits. Audits completed included medicines management, health and safety checks, call bell response times, care plans and accident and incidents. Records showed that where concerns were identified action was taken to address these promptly. In addition, the provider employed a consultancy firm to complete periodic audits of the service. During the most recent audit a number of shortfalls regarding medicines recording were identified. In response the registered manager had increased the frequency of medicines audits and addressed the concerns with staff. This had led to a decrease in recording discrepancies and greater staff confidence in medicines administration. Action plans were developed as part of the auditing process which showed that the registered manager had ensured changes were made within agreed timescales.

People's confidential records were stored securely in locked cupboards in the office. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.