Alton Manor Limited

Alton Manor Care Home - Portsmouth

Inspection report

8-12 Herbert Road
Southsea
Hampshire
PO4 0QA

Tel: 02392862904
Website: www.altoncaregroup.com

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26 May 2016

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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

Alton Manor Care Home provides accommodation, personal care and support for up to 34 people living with dementia. We conducted an unannounced inspection of this home on 10, 11 and 26 May 2016. The accommodation is arranged over three floors of a large, converted Victorian building with stair and lift access to all floors.

At the time of our inspection, there were 32 people living at the home. There were 17 care workers, six domestic, maintenance and kitchen staff, one senior care worker, one deputy manager and a registered manager. 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.

Staff had a good understanding of how to keep people safe, identify signs of abuse and report concerns appropriately. Staffing levels were sufficient to meet the needs of people living at the home. Robust processes were in place to recruit staff, which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs.

There were systems in place to ensure medication was administered safely.

There were procedures in place to identify, assess and mitigate any potential risk to people's health and wellbeing. However, actions following risk assessments in relation to skin integrity were not fully applied in every day practice. External health and social care professionals were involved in the care of people and care plans reflected this.

Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed and where people were unable to consent to their care the service had adhered to the Mental Capacity Act 2005.

Staff received an induction and ongoing training to ensure they had the knowledge and skills to carry out their role effectively. They were supported by the registered manager with supervision and appraisals.

People were encouraged to eat and drink enough to promote and maintain a balanced diet. People who had specific dietary requirements were supported to manage these.

People were supported to access healthcare professionals, but this was not always in a timely manner.

Staff involved people and their relatives in the planning of their care. People's privacy and dignity was respected and people spoke positively about their care experiences. Staff were caring and considerate when they were supporting people within the home.

People's care plans were personalised and met the individuals' needs. People were involved in their care planning, which was reviewed regularly and care was delivered according to the person's preferences and wishes. People knew how to complain about their care, and complaints were logged and dealt with in a timely manner and according to policy.

People, staff and relatives spoke highly of the registered manager. There was an open and supportive culture promoted by the registered manager.

Staff told us that they felt able to go to the registered manager with any concerns or worries and they would be listened to. There were robust auditing and management systems in place to monitor and improve the quality of care provision within the home.

We made a recommendation that the service review the outcome risk assessments that come from Waterlow assessments with a high risk and take action to improve the clarity in such assessments as to what steps are taken on a case by case basis.

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 numbers of staff at the home to meet the needs of people and people were protected from avoidable harm and abuse. Risks to people's health and wellbeing were assessed and reviewed. However, skin integrity assessments required further clarity in relation to what actions were taken when people were deemed 'high risk'.

Safe recruitment practices were followed to ensure staff were suitable to provide care.

Procedures were in place to safely support people with their medicines.

Is the service effective?

Good

The service was effective.

People had access to healthcare professionals, but this was not always in a timely manner.

Staff received an induction and ongoing training to ensure they could support people effectively.

Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People and their relatives were involved in their care planning.

People's privacy and dignity was respected.

People were positive in their feedback of care provision and staff were caring and considerate.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and were assessed and reviewed according to the individual person's preferences and wishes.

Complaints were logged and dealt with in a timely manner and in accordance with policy.

People felt able to contribute to their care plans and to raise any areas of concern which would be acted upon.

Is the service well-led?

Good

The service was well-led.

People, staff and relatives spoke highly of the registered manager who promoted an open and supportive culture.

Staff felt able to go to the registered manager with any concerns, that they would be listened to and action taken where appropriate.

There were robust auditing and management processes in place to monitor and improve the quality of care within the home.

Alton Manor Care Home - Portsmouth

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 unannounced inspection took place on 10, 11 and 26 May 2016. The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

People who lived at Alton Manor Care Home were not always able to tell us about the care they received. We observed care and support being delivered by staff within the communal areas of the home. We spoke with three people who lived at the home and two visiting relatives to obtain their views of the home and the care provided. We spoke with eight members of staff including; the registered manager, senior carer, four care workers, a member of the kitchen staff and the activities coordinator. We spoke with two external health care professionals during our visit.

We reviewed six care plans during our visit and a range of records relating to the management of the service. These included; complaints and compliments, accidents and incidents, quality assurance documents and a selection of policies and procedures. We also looked at recruitment, training and supervision records for five staff members.

Good

Is the service safe?

Our findings

People living at Alton Manor Care Home said they felt safe living at the home, this was confirmed by relatives. One person said, "I do feel safe living here, I don't think I'd want to stay if I didn't". Another person said, "They know what I need, I feel very safe living here." Relatives who visited the home said they felt people were safe and well cared for and had no concerns.

Risks associated with people's care needs had been assessed and plans made to mitigate any risk factors to ensure the safety and wellbeing of people. However, following risk assessments for identifying risks associated with some people's skin integrity, not all actions identified on the risk assessment outcome had been applied. Pressure relieving equipment had been provided, and staff used turn charts to ensure those at risk of pressure damage were repositioned by care workers in everyday practice. The outcomes suggesting contacting the GP, district nurse or tissue viability nurse had not been actioned. However, after our inspection, the provider sent us information detailing actions that had been taken with regard to individuals. The triggers for people who displayed challenging behaviours that might present a risk to the person, or other people living in the home had been identified and action plans prepared to assist staff in managing these behaviours.

We recommend the service review the outcome risk assessments that come from Waterlow assessments with a high risk and take action to improve the clarity in such assessments as to what steps are taken on a case by case basis.

During our inspection, staff demonstrated a good understanding of how to recognise signs of potential abuse and how to protect people from abuse and avoidable harm. The provider supported staff with safeguarding training to ensure they felt confident in reporting any concerns they had. Staff felt that they could report any safeguarding issues to the registered manager, and their concerns would be investigated robustly and without delay. Staff knew about the provider's whistleblowing policy and were aware of the relevant external agencies to report concerns to if they didn't feel matters were being addressed correctly by the registered manager. Safeguarding concerns were addressed thoroughly by the registered manager and the appropriate agencies were informed in a timely manner. The registered manager had sent notifications to the Care Quality Commission which had alerted us to any safeguarding concerns within the home.

There were sufficient numbers of staff available to keep people safe. Staff rotas showed a consistent number of care staff available each day to meet the needs of people who staff knew well.

Personal evacuation plans were up to date and kept in a folder for staff to review as and when necessary. We saw that these plans contained clear information on how people could be evacuated safely from the building in the event of an emergency.

The provider followed safe recruitment practices. We looked at five staff members' recruitment files and saw that appropriate steps had been taken to ensure staff were suitable to work with people. Disclosure and Barring Service checks (DBS), professional references, and photographic identification checks had been

made for all five staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medication training was provided for senior staff, shift leaders and some care workers who administered medication daily. Medication was provided in blister packs. Staff told us that they felt confident administering medication and if they had any queries the registered manager was there to support them. There was a medication policy in place which staff adhered to. Medication was given covertly (medicines that are administered covertly means that a person's medicines may be disguised in food or fluid as the person may not have the capacity to decide whether to take the medicine or not for themselves) to some people. Where this was relevant, the correct process had been followed, with best interest decisions being made in accordance with the Mental Capacity Act and advice was sought from the individuals' GP or mental health team. Medication records were audited by the registered manager and if any anomalies were identified they were followed up and action taken.

Good

Is the service effective?

Our findings

People felt staff had the knowledge and skills to manage their needs effectively. One person said, "Oh yes, my carers know how to look after me." Another person said, "the girls [carers] know how to do everything, they look after me every day." People were happy with the food available at the home. One person said "I love the food here, it's the best". A relative said "there's a good choice of food and if they don't like it, they can have something else cooked for them".

All care workers were required to complete the Care Certificate in addition to their mandatory training requirements. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate provides assurance that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Mandatory training included, medicines, safeguarding, moving and handling and dementia awareness. Staff were expected to refresh their mandatory training annually or bi-annually and records confirmed this. Staff were reminded when their mandatory training was due to be renewed by the registered manager, who had a process in place to alert them when staff required updated training. An induction programme was available for all new members of staff which included shadowing an experienced staff member. Staff told us they had opportunities to be considered for additional courses such as National Vocational Qualifications (NVQ) levels 2/3 that were separate to the mandatory training. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Certificates following the completion of NVQ courses were observed in staff files.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were aware of its principles and how to apply them in every day practice. 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. 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 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. Training in the Mental Capacity Act 2005 was provided for staff. Records showed that best interest decisions had been made in accordance with the Mental Capacity Act 2005 to support people who lived at the home and did not always have capacity to make decisions about their care.

Staff were supported to provide care by having individual supervision sessions every two or three months with the registered manager or deputy manager. Annual appraisals were also provided and staff records confirmed this. Staff felt their supervision sessions and appraisals were meaningful and feedback on their performance helped them to identify additional training and development needs.

Some people living at the home required support with maintaining a balanced diet. Where diet was identified as a risk, personalised care planning and risk assessments were available for staff, explaining the

types of food and drink that should be prepared and encouraged to maintain health and wellbeing. Two types of main meal choices were available each day, and alternatives such as jacket potatoes, omelettes and sandwiches were provided for people if they did not want meals from the main menu. There were pictorial menus available for people to use. It was identified within care plans whether a person required assistance with eating and people who had specific dietary requirements, for example those who were assessed as requiring a pureed or soft diet due to health reasons, were provided with these by kitchen staff. People living at the home were weighed monthly to ensure they maintained healthy weights. These were recorded in people's care plans. Where it was identified that there was a weight loss, people were weighed again after a fortnight and healthcare professionals had been contacted where appropriate.

People were supported to receive healthcare services as and when required, which included attending hospital appointments. Within the community, people had access to health care professionals, such as district nurses, community mental health nurses, and GPs. However, accessing healthcare professionals in a timely manner was not always evident. For example; one person's appointment for a review at the hospital had not been expedited by the registered manager, although this had been requested by the person's representative. On another occasion, there had been a delay in requesting district nursing input for a person even though it had been identified as being required. Care records showed when people had seen their optician or dentist and when their appointments were due in the future.

Good

Is the service caring?

Our findings

People said they were treated with kindness and consideration by care staff. One person said, "Oh they're a lovely bunch here. They're really good to me". A relative said, "this is a nice home, they really look after the residents". Another person said, "I prefer living here to being at home, I've got people to talk to".

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people warmly and we observed positive, caring interactions between staff and people living at the home. One person said, "I always have a laugh with the carers, we always have a laugh and a chat". We observed one person sitting in the communal area who had become tearful, immediately a care worker went and sat beside the person and quietly started comforting them in a discreet manner, which achieved a positive outcome.

At mealtimes, staff were observed calmly supporting and encouraging people to eat and drink. Care staff sat beside people who required assistance with eating, and chatted to them throughout the meal. There was a positive rapport between staff and people living at the home during mealtimes.

Staff gave good examples of when they had respected people's privacy and dignity whilst providing personal care. People told us about practical measures staff used during personal care routines to respect people's privacy and dignity, such as staff closing doors, drawing curtains and covering people while assisting with personal care. An external health care professional told us that although they felt the care provided was good overall, attention was needed by care staff in supporting people to maintain their mouth care and oral hygiene. This was also mentioned by a relative, who told us that on more than one occasion they noted care staff had not ensured that their relative's dentures had been cleaned.

Staff had worked with people and their representatives to ensure their care reflected their preferences and needs. People had been involved in the planning and review of their care which was recorded in individual care plans. People felt actively involved in making decisions about their care. They told us they could speak with staff members at any time and their concerns would be listened to.

Good

Is the service responsive?

Our findings

People told us their preferences had been respected in relation to their care provision. People felt able to express their wishes and told us they were able to discuss any concerns with the care staff or with the registered manager and they would be listened to, with their concerns or worries addressed in a timely manner. One person told us, "They're ever so good, I can always say if I want something changed and they sort it out".

A preadmission assessment was completed by the registered manager prior to people coming to live at the home. During this assessment, information about people's preferences, personal history and specific care needs were recorded. This was then reflected in people's care plans which were person centred, addressing individual needs. Some examples of this included what clothes people liked to wear and how another person liked to have tea and biscuits before bed. Another plan mentioned that one person liked to go out in the garden and to listen to music. The care plans recorded the objectives of the care provision and the individual person's desired outcomes. Staff confirmed that care plans contained sufficiently detailed and personalised information so as to enable them to support people according to their needs and preferences.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. Important relationships were identified in people's care plans. People could receive visitors at most times during the day, although relatives told us that the home preferred them not to visit during mealtimes. One person said, "my family are made welcome – even the dogs!".

People's bedrooms were bright, fresh and clean. The rooms were easily identifiable with pictures of the person the room belonged to on the door. Rooms were personalised, with people's own pictures and personal belongings in each room. The home was clean and tidy and dementia friendly, with signs in both picture and word formats to orientate people around the home.

There was a full time activities coordinator at the home. They demonstrated a good knowledge of how to support people living at the home by providing meaningful activities for people to enjoy. The activities coordinator knew people well and told us about how people liked to participate in individual or group activities according to their preferences. In the main entry hall at the home, there was an activities board, telling people what activities were on offer on a particular day of the week. These included knitting, sewing and listening to music. The activities coordinator took people out individually on trips to the park or seafront. A church choir and musician visited the home bi monthly. One person said, "the staff and entertainment is good and the piano man is smashing!".

Complaints were dealt with according to policy and within policy time constraints. The registered manager kept a file in the office of complaints that had been received detailing how they had been investigated. These had been dealt with in a timely manner and to the complainants' satisfaction.

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager. One person told us, "she's a nice lady, she keeps this place running". Staff told us that the registered manager was supportive and they could go to her with any problems, having confidence that the matter will be resolved .One staff member said, "she [registered manager] is down to earth and approaches people in a nice way".

The registered manager felt well supported by the provider and felt able to discuss matters relating to the running of the home with the provider. The registered manager was supported in her role by regular supervision sessions and annual appraisals.

People and their relatives had meetings with the registered manager and provider where feedback about the service was provided and ideas about developing the service and improving quality were discussed. Relatives meetings were held every six to eight months but were not always well attended. The minutes of these meetings were kept in the communal foyer of the home for visitors to review as and when desired. Residents meetings were held twice yearly where people were encouraged to participate in discussions about the home. Staff meetings were held every six months and were well attended. During these meetings various topics were discussed, including incidents and accidents and staffing matters.

Staff described a supportive and friendly culture within the home. One staff member said, "staff are really friendly here, that is one of the reasons I stay". Other staff members told us about the registered manager having an open door policy, in which staff felt able to go and speak to her in confidence without waiting for a supervision session which might not be scheduled for a month or two. The open door culture was promoted by the registered manager who encouraged staff to be transparent and to feel confident in discussing issues when necessary.

There were quality monitoring processes in place. Examples of these included; medication audits and falls auditing which were completed by the registered manager. Any anomalies identified were actioned immediately and improvements made. Evidence of audits improving quality was observed during inspection.