

Altham Care Limited

# Altham Care Home

## Inspection report

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21 June 2018

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of Altham care home on the 8 and 21 June 2018. We inspected the service against two of the five key questions we ask about services: is the service well led and is the service safe?

We carried out an unannounced comprehensive inspection of this service on 24 and 25 February 2016. After that inspection we received concerns in relation to a specific incident which led to the death of someone living in the home. As a result, we undertook this focused inspection to consider those concerns and ensure the home had acted accordingly and people were safe. This report only covers our findings in relation to the key questions associated with this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Altham Care Home) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

No risks, concerns or significant improvements were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Altham Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 36 people in one adapted building. At the time of the inspection there were 32 people living in the home.

The home is over two floors and has a large dining room and lounge area to its centre. There is also a large quieter lounge. Kitchen and laundry facilities are on the ground floor.

The home had two registered managers in post at the time of the inspection. One of them was a company director. 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.

At the last inspection there were no identified breaches to the regulations of the Health and Social Care Act. At this inspection we found there were no breaches to the regulations but have made two recommendations. We recommend the provider undertakes an assessment of people's dependency levels and ensures there are enough available staff to always meet people's needs. We have recommended that when the provider undertakes audits to ensure they have a more focused review of the accuracy of the information audited and not just the completeness of the documentation. This is specifically around care plans and the use of body maps after accidents.

We looked at how the provider had managed the specific incident and found they took immediate steps to reduce associated risks. We also found that once the details of the incident were investigated further, more permanent steps were taken to ensure the circumstances of the incident could not be replicated.

We found staff were recruited fairly and equitably ensuring they were suitable to be employed supporting vulnerable people.

Medicines were managed safely including safe storage, administration and recording of people's prescribed medicines and when they were given.

The home had safeguarding procedures in place and staff at the home understood what constituted abuse and when they should raise concerns, both internally and externally, with the Local Authority.

On the days of the inspection there were enough suitably trained staff to meet the needs of people living in the home.

We saw the provider took steps to ensure equipment was tested and the building was both secure and safe for the people living there.

The provider had improved the home's management of clinical waste by the second day of the inspection and more focused audit of infection prevention and control was being undertaken.

The registered managers had taken appropriate steps to ensure lessons were learned from both the specific incident under investigation and in general where it was found improvements could be made.

Staff knew the governance structure in the home and each felt supported by their peers, immediate superiors and the directors of the home.

People living in the home and their relative's views were sought on the service delivered and these had been predominantly positive.

There is a developed suite of quality monitoring and audit which simply undertakes the quality assurance for the service delivered to people and the environment within which it is delivered.

The provider was meeting the requirements of the Health and Social Act (Regulated Activity) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009

## 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.

Safeguarding procedures were in place and staff had received appropriate training to be knowledgeable in this area.

Staffing was adequate to meet people's needs

Risks to the individuals and to the service had been assessed and where possible mitigated and managed.

Medication was managed safely.

When things went wrong lessons were learned, which were shared with the team. Monitored, evaluated and if needed improved to ensure continuous improvement.

Infection prevention and control procedures were improving and met the requirements of the regulation.

### Is the service well-led?

Good ●

The service was well led

There was a clear governance structure within the home and a staff culture was in place which was inclusive and supportive.

Steps were taken to ensure staff understood their role and the accountabilities within it.

Systems and practice were audited and where required action plans were developed and the work completed to drive improvement.

The views of people using the service were sought and acted upon as required.

The home worked with the local Partnership boards attending forums to share best practice.

# Altham Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a formal investigation.

The information shared with CQC about the incident indicated potential concerns about the management of risk around the security of the building and observations of people. During the inspection we reviewed how the home was now managing those risks.

At the time of the incident the CQC were sent a notification by the home and a safeguarding alert was also raised by the home. The police were notified and completed an investigation as to the circumstances of the death. The death was reported to the coroner and an inquest is to be heard into the circumstances.

As part of our inspection into ongoing regulatory risk to people in the service, we will review the risks and assure ourselves the provider has taken appropriate action to mitigate them. We will review the possibilities of the risks reoccurring and the impact of this on the people currently using the service. The evidence we gather will determine if there is a current breach to the regulations.

This inspection took place on 8 and 21 June and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to the inspection we reviewed all information we held around the specific incident and spoke to the other professional bodies involved with investigating the incident. We also reviewed the other information we held around notifications and any information shared with us by the Local Authority.

We received a Provider Information Return in July 2017. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and

improvements they plan to make. We looked at the information within the return relevant to the inspection and ensured there was nothing of concern. A plan was developed from all the information we held to inform the inspection.

During the inspection we spoke with 11 staff including the registered managers and directors, Senior carers and carers, domestic and catering staff. We spoke with three people who lived in the home and one visitor.

We looked in four people's care plans and files who lived in the home and reviewed the file for the person who had died following the specific incident. We looked at four staff recruitment files and six Medicine Administration Records.

We also looked at the provider management information including meeting minutes, questionnaires about the quality of the service and audit and monitoring information.

We looked around all areas of the home and the garden including, communal areas, the kitchen, bathrooms and people's bedrooms.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe, one person told us, "Yes I feel safe, I trust the staff and know they will look out for me." Staff told us, "There is an alarm on the front door now and every time it opens it goes off. You can hear it all around the building so we know if the door is opened." Another said, "We were all supported at the time of the incident and security has really improved, I am confident it won't happen again."

We saw the home had safeguarding procedures in place and posters on notice boards about protecting people from abuse. Staff told us they received training and when we spoke with them, they were confident in raising concerns.

We looked in the care files for four people living in the home and saw relevant assessments were completed for their care needs. We saw these were reviewed monthly or when their needs changed. We looked at the information collated on the accidents and incidents in the home and saw these were investigated promptly and where required these led to the relevant risk assessments and care plans being updated. There was one occasion where the assessments were not updated for nearly a week after an accident and we were assured this would be addressed moving forward.

We found when people were restricted by equipment to keep them safe appropriate assessment was completed. Where people could not consent to the use of the equipment due to a lack of capacity, capacity assessments and best interest decisions were made and completed lawfully.

Everyone living in the home had a PEEPs (Personal Emergency Evacuation Plan) which was up to date and regularly reviewed. We saw a contingency plan had recently been developed and risk assessments were being completed to ensure business continuity in the event of an emergency.

Equipment was tested regularly by the provider's maintenance person and the professional testing of equipment was undertaken externally as required. All the homes service certificates were in date. This showed us that equipment was safe to use and would serve its purpose in the event of an emergency.

One person we spoke with told us they had to wait sometimes for support, especially in the mornings. We spoke with staff about this who also told us the mornings can be very busy. We recommend the provider undertakes an assessment of people's dependency levels and ensures there are enough available staff to always meet people's needs. We were told the activity coordinator works as a carer first thing in the morning if required.

We were told staff were working long hours to cover the rota. We saw new staff were in the process of being inducted to the role of carer which would help alleviate this. Staff we spoke with agreed this would shortly improve.

We looked at the recruitment files of four staff, we found all had a completed application form and interview

records for the role applied for. We saw suitable references had been received most of the time. We spoke with the manager about this who shared with us the difficulties they sometimes faced in accessing references. We were assured the registered manager followed up reference requests with phone calls and would moving forward complete a risk assessment when it was not possible to collect all the required references. Suitable checks had been made with the DBS to confirm people were able to safely work with vulnerable people.

We observed medicines being administered to people in the home. They were administered with respect and on time. Medicines systems and records were reviewed and we found they were completed correctly without any gaps. Staff completed medicine handovers from shift to shift and informed the next shift lead of any new prescriptions or short-term prescriptions people had begun.

We saw medicines were safely stored and fridge temperatures were checked to ensure medicines were kept within required specific temperature ranges as required by medicine suppliers and people's prescriptions.

We did a medicine count of controlled drugs and found all were in stock as detailed with the controlled drug register.

Staff administering medication had their competency checked to ensure they could safely complete this clinical task.

The home was looking quite dated and some of the furniture was worn. We saw the provider had a programme of redecoration and refurbishment managed through the director's meetings. Where new furniture was required it was agreed and purchased. On the second day of the inspection we saw older furniture had been replaced. We were told as rooms became empty they were decorated and communal areas were due to be refurbished.

There was a schedule of cleaning which was completed daily by the domestic staff. Rooms were deep cleaned and bathrooms and communal areas cleaned daily. Some of the flooring in bathrooms was due to be replaced as the lino to the wall was beginning to hold dirt that could not be removed.

A new clinical waste contract was due to begin and new clinical waste bins were to be made available at point of need. Staff told us they had all the equipment they needed and we saw staff using and wearing personal protective equipment such as gloves and aprons when required.

There was a system in the laundry room for the cleaning of soiled items and we saw equipment was in good working order. We were told when anything needed repair it was usually fixed within 48 hours.

A specific incident had occurred earlier in 2018 which had led to this inspection. We reviewed the paper work used to record the incident and the care plan and assessments for the individual whom had sadly passed away following the incident.

We saw the home had implemented immediate procedures to ensure everyone in the home was accounted for at the handover of each shift. One person had become responsible for visually checking each person prior to handover. A record was made of where each person was now and given to the next shift leader.

Each external door had previously been secure with keypads and door locks. Additional steps had been taken to secure the main front door and each of the bedroom doors. Each time any external door opened an alarm sounded throughout the building. Each staff member had a fob which turned off the alarm when they



passed through an alarmed door. The provider could pull reports from the system to show when anyone has gone through either a bedroom door or external door. People who needed additional support with falls and had a sensor mat in place also had an additional alarm to their door.

We saw directly after the incident supervisions were held with staff to share the immediate extra procedures put in place to keep the home secure and people safe. We saw team meeting minutes both for immediately after the incident and following the implementation and installation of the extra security features that shared the detail with staff. Each staff member had signed meeting minutes or supervision notes to show they understood the procedures and to ensure they would implement them. Staff faced disciplinary action if procedures were not followed. We found the provider had taken steps to reduce the risk of the incident reoccurring.

## Is the service well-led?

### Our findings

People living in the home told us they knew who was in charge. We were told staff were approachable. One person told us, "I think the staff really care about me, at least they make me feel like they do which is good enough for me."

Following the specific incident that led to this inspection we could see clear methods of communication were used to inform staff of both the incident and action to be taken. Staff were offered additional support for any adverse effects the incident may have had on their health or wellbeing. Staff felt supported both by each other and the management of the home including the directors. One staff told us, "We were offered additional emotional support if we needed it."

The home had clear lines of accountability and staff understood and completed their role effectively. A staff survey was discussed and it was agreed that a sense check survey would be completed to gauge staff wellbeing now some time had passed since the last inspection and the incident.

Staff had felt involved in decisions made following the incident and had agreed to complete any additional monitoring and undertake the completion of additional steps and procedures to ensure people were kept safe.

New staff were currently being inducted to the home and whilst staff currently felt they were working long hours to cover the rota the additional staff once on board would relieve this pressure. We discussed the available rota and the manager assured us a rolling two-week rota would be used to allow people to plan keep a work/life balance.

The home had two registered managers in post, one of which was on site each day. We saw staff received regular supervision and regular team meetings took place to share information. Where important concerns were raised then specific and unscheduled supervision and meetings would take place to ensure everyone had the most up to date information. This included the use of the new front door and additional monitoring to those people who required it.

The directors of the company were regularly on site and one of the registered managers also held a director position. We saw meetings were held at manager and director level to agree change which held a financial cost or was of public interest. This included the specific incident. We could see the impact of the incident had been carefully considered and works required to reduce any associated risks had been agreed without hesitation.

The home raised safeguarding alerts with the Local Authority where required and submitted notifications to the Care Quality Commission. However, since the change in the Local Authority guidance some notifications had been missed. We discussed this with the managers who assured us this would be rectified moving forward.

The managers completed audit and quality assurance of the home and the service provided. This included audits of the care plans and infection control procedures. We did find some inconsistencies in the recording of body maps and the recording of risk. We recommend that when the manager completes audits moving forward the accuracy of the records is more thoroughly checked as well as the completeness of the records. On the day of the inspection the Infection control audit was revisited and more reflective of the home's environment.

The provider completed surveys with people living in the home and their relatives. We found the results of these were predominantly positive and actions were agreed following the collation of the results. The most recent survey had an action to invite all family members to the next care plan review and we saw this had begun. The home was also completing the surveys around the key questions used by the Care Quality Commission as part of our regulation. This included questions about the safety of the home, the responsiveness of the service to people needs, the caring nature of staff and the effectiveness of the service to meet people's needs. These were to be completed in the 12 months following the inspection.

We found the provider had a suite of quality monitoring tools which were routinely used. These included monthly kitchen audits, accident audits and medication audits. Where actions were needed we saw action plans were developed and tasks delegated to appropriate staff members. Actions were signed off once completed. Any areas of concern identified at the inspection were immediately addressed. We saw records following the incident that agreed changes in procedure. This included a more in-depth pre-assessment tool. This was used to assess people prior to moving into the home. We saw it now included a question asking if the individual had ever gone missing or been lost. We also saw a risk assessment had been developed for individuals and their access to the community and outside space. The risk assessment had greater emphasis on the risks of the person being alone in these circumstances.

We could see a cycle of continuous improvement which included the use of the monitoring tools, staff meetings and feedback from people living in the home and their relatives. There was a clear governance structure and staff knew where to go for advice. Staff told us additional training was available if requested and information was shared well after the specific incident.

The management team were involved with local forums and shared best practice. There was a safeguarding champion in place and champion roles were in the process of being developed for other areas.

The ratings for the previous inspection were displayed in the home and on the website.