Alton House Partnership

Alton House Care Home - Hayling Island

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 23 November 2016 and was unannounced. The home was last inspected in January 2014 and was compliant at that time.

Alton House offers accommodation over two floors for up to 18 older people, some of whom are living with dementia. The home had some rooms which were double occupancy. At the time of the inspection the home was providing care and support to 18 people.

There was a registered manager who had been in post since September 2014. 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 undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

There were risk specific assessments in place for each person which showed the risk level and the measures which had been put in place to mitigate the risk.

Medicines were managed safely. There were robust processes in place for the ordering, storing, administering and recording the use of medicines.

There were sufficient staff to meet people's needs safely and effectively and staff recruitment processes were safe and robust.

Staff underwent an induction and shadowing prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Staff were well supported and received supervisions and appraisals regularly.

The home worked within the guidelines of the Mental Capacity Act 2005 and ensured people were not unlawfully deprived of their liberty.

People had access to a range of food and drinks throughout the day, and people told us the food was good and plentiful.

Staff were kind, caring, attentive and patient in their support of people in the home. There were positive relationships evident between staff and people who lived in the home. People were treated with dignity and respect.

Care plans were detailed and person centred. Care plans contained personal preferences and instructed staff on encouraging people to maintain their independence. Care plans were reviewed and updated regularly.

There were activities taking place in the home, which we saw people enjoyed and engaged with. People told us there was plenty going on to keep them occupied.

There was strong leadership in the home, and the registered provider had processes in place to ensure they had oversight of the quality and safety of the home and the support it offered. Records were of a good standard and were well organised and easily accessible.

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.

Staff had undertaken training in safeguarding adults from harm and abuse and were able to explain their role and responsibilities to us.

Medicines were managed safely.

There were safe recruitment processes in place which ensured staff were of good character and suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

The home had made appropriate applications to lawfully deprive people of their liberty and were working within the principles of the Mental Capacity Act 2005.

People had access to a good range of food and drinks throughout the day.

Is the service caring?

Good

The service was caring.

Staff were kind, caring, patient and sympathetic. There were positive relationships evident between people who lived at the home and staff of all levels.

People were treated with dignity and respect, and their privacy was protected.

People's preferences for the end of their lives had been discussed and documented to ensure their wishes were met.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and person centred. Care plans were reviewed regularly and changed to reflect current needs.

There were regular activities which people engaged with and enjoyed.

Complaints were recorded and dealt with in line with organisational policy.

Is the service well-led?

Good

The service was well-led.

There was clear leadership in place, the registered manager was visible to people who lived at the home and staff throughout the day.

There were robust processes in place to ensure the quality and safety of the service was monitored and assured.

Records were of a good standard and were accessible

Alton House Care Home - Hayling Island

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 23 November 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed all the information we held about the provider and the home, this included notifications they had sent to us about incidents which affected the running of the home or the people who lived there.

During the inspection we spoke with the registered manager, the cook on duty and three members of care staff. We spoke with six people who used the service and two relatives who were visiting during the inspection. We looked at a variety of records including four care plans, three staff recruitment files, accidents and incident records, medication administration records, safety certificates and auditing which had taken place across the home.

Good

Is the service safe?

Our findings

People told us, "If I call for the staff they come pretty quickly, I'm not waiting long", "I feel safe here, definitely." And "I am very safe and happy here."

Relatives said "I am 100% confident [relative] is completely safe and I am absolutely certain [relative] feels the same. I trust [relatives] safety completely.", "I have no concerns about the level of staff, I don't see anyone waiting for attention" and "There are always staff about".

Staff had undertaken training in safeguarding vulnerable adults from abuse and were able to explain their roles and responsibilities in regard to keeping people safe. Staff were aware of the types of abuse and the signs which may indicate a person was suffering abuse. Staff were all clear who they would report any concerns to and were confident action would be taken to address their concerns.

We looked at the risk assessments which were in place. We found there were detailed risk specific assessments in place, which assessed the original risk level, identified the measures which were needed to be in place to minimise the risks and reassessed the level of risk after the measures were implemented to ensure the actions had been sufficient to mitigate the risk. We saw there were risk assessments specific to each person, for example one related to the risk of hot drinks being given to the person.

We looked at the safety of the building. We found the registered provider had up to date certificates for all aspects of the building, including electrical and gas installations, fire equipment, legionella checks and the servicing and safety of all equipment which were in use in the home.

We found the service had up to date personal emergency evacuation plans (PEEPs) in place for each person who lived at the home. These detailed the person's needs and the assistance and reassurance they would need to be assisted safely from the building in case of an emergency. The PEEPs also contained next of kin contact details, contact numbers for the registered provider and registered manager and the location of flammable substances, gas valve and the electrical board in the home to assist emergency services.

We looked at the records which were kept of accidents and incidents which occurred. We found there were detailed records kept of all accidents and incidents and there was clear evidence of the actions which had taken place following each event. We found accidents which were noted in daily records had a corresponding accident or incident form.

We observed there were sufficient staff on duty to ensure the safety of the people who lived at the home, people did not have to wait for attention when they required it and staff had the time to chat and support people sensitively.

We reviewed the recruitment process which was in place. We looked at the recruitment files for three staff and found there had been thorough checking of the person's work history, and pre-employment checks had been carried out in line with the organisational policy and regulations. Prospective staff were subject to an

enhanced check with the disclosure and barring service (DBS) and references were sought from previous employers. The use of DBS checks helps employers make safer recruitment decisions by checking staff are of good character.

We noted the home was very clean throughout and staff observed good practices in hand washing and the use of personal protective equipment, for example the use of plastic aprons and gloves when assisting people.

We reviewed the management of medicines in the home. We looked at the use of controlled drugs, controlled drugs are subject to a higher level of security as they are drugs which have a high risk of misuse, for example morphine. We found the register in place for the control of these drugs was correctly completed and had been signed by two staff members in line with good practice and the organisational policy. We also found the stocks of medicines were correct and tallied with the records kept.

We found the temperatures in the medicines room and the medicines fridge were checked regularly and were within the accepted limits for the medicines to remain in good condition. We found medicines were well organised and the member of staff we spoke with was aware of special administration instructions where these existed and was able to explain these and the reasons they were necessary.

We found there was an issue with the disposal of tablets which had been refused by people, as there was no process for these to be safely disposed of. We spoke with the registered manager who took immediate action to ensure this was corrected. The pharmacy who supplied medicines to the home were to introduce a system to dispose of these medicines safely.

We observed medicines were administered safely and records were correctly completed to show what medicines people had taken and when. Medicines which were refused were recorded appropriately to show how many doses had been refused over a period of time. We saw in one case where a person had been refusing their medicines their GP had been contacted and was monitoring the situation.

Good

Is the service effective?

Our findings

People told us, "The food is ok; we had fish and chips the other day." And "The food is good here; they make me soft meals because I have trouble chewing."

A relative said, "The food is very good, the chef tries really hard and makes the food appetising."

We looked at the induction and training staff undertook. Staff told us and records confirmed they had completed a comprehensive induction which included mandatory training in safeguarding adults, moving and handling, medication management, mental capacity act and fire safety. Staff told us they were able to complete shadowing shifts prior to starting work, to observe more experienced staff and to get to know the people in the home.

The training matrix showed staff had access to and had undertaken a variety of training, including diabetes care, skin integrity protection, challenging behaviour and dementia awareness. The registered manager told us and staff confirmed they chose to undertake external training qualifications to enhance their knowledge and understanding of the people they supported.

Staff had been receiving individual supervision sessions with the registered manager every 6 weeks. Supervision is important because it offers care staff the opportunity to explore areas of their roles and understanding on a one to one basis with a senior member of the team, and for the senior member of staff to support their team of staff. Staff also confirmed they received an annual appraisal, which was an opportunity to review their performance and to discuss any areas of training and development.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found there had been assessments carried out of people's mental capacity, which clearly showed whether the person had the capacity to make a specific decision, in most cases this was in relation to where the person lived and their care needs. In cases where it had been assessed the person did not have capacity to make their own decision, there had been an application made for a DoLS. There was also evidence in some cases that there had been a best interest decision made, which ensures that all people who are involved in the person's care and welfare are involved in making a decision which is in the best interests of

the person involved.

We found there had been assessments carried out as to whether people had the mental capacity to consent to the care and treatment they received, in cases where people had capacity we saw they had signed their own care records in line with the Mental Capacity Act 2005.

We asked people about the food in the home, people told us it was generally good, and there was a good choice of food. People told us they were asked what they would like and if they did not want the choices given they could choose something else. The cook was knowledgeable about the dietary needs of the people who lived at the home and could explain the specific needs of people to us.

We observed people had good access to food and drinks throughout the day and there were regular offers of hot drinks made to everyone in the home. People told us they received plenty of food and enjoyed what they ate.

The building was an old style large house, which had been pleasantly decorated to aid people with dementia to recognise their location in the home and find their way around. The home was well lit which helped people with poor eyesight to navigate their way through the various areas they used.

Good

Is the service caring?

Our findings

People said, "The staff never just walk past and ignore us, they always speak to us," "I share my room with another person, I am very happy with that, I like the company." And "The staff are lovely, they care. I was surprised that they are as caring as they are, they are really lovely. They are interested in my welfare. Everybody knocks [on bedroom door] before they come in. The staff help me every day, I do what I can and they help me with what I can't do."

Relatives we spoke with told us, "The staff are good, they make people at home, it doesn't feel like a hospital it is very homely here," "[Relative] wanted to wash up, the staff did a risk assessment and they can go sometimes and help wash up now. [Relative] is always smart and clean when I visit and they don't know when I am coming in."

We observed staff supporting people in the home throughout the day of the inspection and found staff were kind, caring, considerate and patient. There were positive relationships between people who lived at the home, their visiting relatives and staff of all levels. People told us staff were attentive and spent time with them whenever they saw them. The home was welcoming and homely with a pleasant atmosphere; there was laughter and chatting between people throughout the day.

We looked at how people were involved in the running of the home and how their thoughts and feedback were gained. People told us they could speak to the registered manager and other staff whenever they wanted to. We saw there were satisfaction surveys carried out to formally gather feedback from people who used the service, their relatives and health professionals who were working with people who lived at the home. This meant the views of people who used the service were used to ensure the service was meeting their needs and to show areas which could be improved.

People and their relatives told us the staff were very quick to pick up when people needed attention from a health professional and that everyone received very good health care. We saw from people's care records they were visited regularly by a variety of health professionals including opticians and chiropodists.

We spoke with staff and asked them how they maintained the confidentiality of the people they supported. Staff were able to explain to us that they were discreet when having conversations with people and other staff to discuss people's care needs, and described how they ensured confidential information was not left where it could be accessed by unauthorised people.

We noted staff were mindful of protecting the privacy and dignity of the people in the home, for example ensuring ladies skirts were adjusted to cover them well when assisting people to move around, quietly asking people if they needed assistance to use the toilet. People we spoke with told us they were treated with dignity and respect and our observations confirmed this was the case.

We saw in people's care plans there were clear instructions to staff to encourage people to do as much for

themselves as they were able, and we saw this was happening in the home. We saw staff encouraging people to help themselves and to maintain their independence. We saw evidence that the staff had been able to support some of the people in the home to increase their level of ability, and were working with others to improve their mobility.

We found in each of the care files we reviewed there had been a care plan created for the end of the person's life. The care plans were very detailed and personalised, which meant people were assured that their needs and wishes would be followed when the time came.

Good

Is the service responsive?

Our findings

People told us, "They come and ask me if I would like to go to the dining room for my meals, sometimes I do" "I have seen the care plans and risk assessments and have signed them." and
"There is plenty going on here, the activity lady is very good. I like to join in with the activities in the lounge."

We reviewed the care files of four people who lived at the home. We found in all cases the care plans were very detailed and person centred. There was information about each person's past life and family, their medical history and current medical conditions which would allow care staff to understand the person they were supporting. The care plans were written in sections for different aspects of the person's care needs, for example personal care. The content of the care plans was very detailed and specified what was important to the person and what they could contribute to their routine.

We found there were detailed descriptions of various routines for people for example their night time routine, which described the time they usually preferred to go to bed, and their preferences including whether they wanted their bedroom door open or closed, how many pillows they used and how often the person was to be checked on during the night.

We saw there had been a comprehensive assessment carried out for each person prior to them being admitted to the home, to ensure the staff understood their needs and were able to meet them adequately before their care plans could be completed. We saw there were monthly reviews of each care plan which were documented and there were changes made to the care plans when people's needs changed in any way.

There were a small number of people who choose to spend time in their rooms, we spoke with them and they confirmed this was their choice and they were happy in their own company. People told us staff came to check on them regularly and brought them drinks and snacks as they would if they were in communal areas. People also told us staff regularly came and asked them if they would like to come to the communal areas and that sometimes they chose to do so, and sometimes they preferred to stay in their rooms.

The home employed an activities coordinator, who was responsible for planning and running various activities in the home. On the day of the inspection we observed there were group activities taking place in the lounge. There were a large proportion of the people in the room engaging in these activities. The activities we saw included carpet bowling and a game which involved throwing frogs into a mat with recesses to catch them. The registered manager told us the people who lived at the home chose the games from a catalogue and always enjoyed playing them.

We saw lots of evidence of other activities which had taken place in the home, there were photographs showing a day when birds of prey had been brought into the home, and people told us of outings and parties they had enjoyed. People told us there was plenty to do in the home and they were very complimentary of the activities coordinator and their hard work.

We looked at how the home recorded and dealt with complaints. We found there was only one complaint which was from September 2016. We found the recording, investigation and response to the complaint had been carried out in line with the organisations policy and there were clear records of all actions which had been taken.

We found there was a compliment file, which contained a large number of cards, emails and letters from the families of people who had lived at the home thanking staff and the registered manager for their kindness and care.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. The registered manager had been in post for two years.

People told us, "[Manager] runs a tight ship." and "The gaffer is always around, you couldn't wish for more, [manager] is a good one."

Relatives we spoke with told us, "Since the manager came the safety aspect of the home has improved immensely" and "This care home is a shining example of what a care home should be."

Staff we spoke with told us "We work as a team, we all help each other, I love my job" and "It is a really good home, We are a good team, everyone is very kind and supportive, we have a good laugh with people and we trust and respect each other." We found there was a positive welcoming culture in the home; this was confirmed by relatives we spoke with.

We observed there was clear leadership present in the home, as the registered manager was available throughout the day to people who lived at the home and the staff team. The registered manager operated an open door policy and spent as much time as possible in the home with the people who lived there. The registered manager told us, "I have worked in care all my adult life. Coming here was the best thing I could have done, the owner is really supportive, and they are always at the end of the phone if I need them. We get very positive feedback from health professionals and commissioners when they visit, which is reassuring."

We found the registered manager and the staff team to be open and transparent when speaking to us, as the records we reviewed confirmed what we had been told. We found in one instance where we found a small omission of a process, action was taken immediately to rectify this. The registered manager and staff team were passionate and dedicated to the health and well-being of the people who lived at the home, and this was evident by the standard of care and support and the records we saw.

There were robust processes in place to ensure the quality and safety of care and support provided at the home were monitored and improvements were made. We found the registered manager had arranged their auditing processes in line with the Care Quality Commissions key lines of enquiry (KLOE), safe, effective, caring, responsive and well-led. This meant the registered manager was able to demonstrate the checks they were making in relation to each KLOE and were able to identify any areas of the home's performance which were not meeting the regulatory standards.

We found the audits were detailed and effective and were carried out consistently and regularly, which allowed the registered manager to identify any changes to standards, which required action. There was analysis of the information which had been collated to look for patterns or trends, for instance when looking at falls in the home to see if there was a time of day or area of the home where more falls were happening and what needed to be done to address that.

The registered provider carried out regular visits to the home, to check the quality of records and processes in the home. In addition to this the registered provider commissioned an external company to carry out a compliance assessment of the home, which had been completed in November 2016, to ensure they had independent opinion and oversight of the quality and safety of the support and care provided in the home.

We found the standard of records in the home was good, daily care records were detailed and allowed the reader to have insight into how the person had spent their day, what they had eaten and how they had presented. This information is critical to health professionals to be able to see what has happened if a person becomes ill for example.

We found the registered manager was knowledgeable about the responsibilities of their registration with us, and they were compliant in notifying us of events or incidents in line with their obligations under their registration.