

Altham Care Limited

Altham Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

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

About the service

Altham Care Home is a residential care home providing personal care for up to 36 adults. The home is also registered to accommodate people who are living with dementia. At the time of our inspection there were 27 people living at the home.

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

The provision of activities could have been more structured and in line with people's wishes and preferences. We made a recommendation about this.

People were kept safe and protected from the risk of infections, including the transmission of Covid-19 because good infection control practices had been adopted by the home. One relative told us, "We all had to get an NHS Covid pass for the home. It seems to be very well managed."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People needs were assessed and they were supported by staff who were trained and supervised, which helped to ensure effective care was delivered. People's health and social care needs were being met by the home working closely with a range of community professionals.

People received good care. Their preferences and wishes were respected by the staff team and independence was promoted. People were treated with dignity and respect and were involved in the decision-making process. We observed some lovely interactions by staff members, who were clearly committed to the people who lived at Altham Care Home. One relative commented, "I feel that we can ask the staff anything. It seems like we [the family] are also supported by the staff and it's like being part of an extended family."

People were involved in planning their own care, which was informative and person-centred. This helped to ensure care and support was provided in accordance with people's wishes and preferences. People had access to all the relevant information, to enable them to make informed decisions and choices.

People were provided with a good quality service, which was regularly assessed and closely monitored. Any shortfalls identified were addressed without delay. People provided us with positive feedback about the staff team and the registered manager of the home, who were described as kind, caring and approachable. People looked relaxed in the company of staff and the manager was visible around the home. One relative told us, "The manager is very approachable. She seems hands-on. The office manager is also excellent."

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 12 August 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

On this occasion we did not look at all the elements of the safe domain as this area was last rated as good. However, we did look at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Altham Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Altham Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Altham Care Home does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan

our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the Nominated Individual, registered manager, senior care worker, care worker and the chef.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and three staff files in relation to staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

At the last inspection this key question was rated as good. At this inspection we did not assess the Key Lines of Enquiry under the safe domain, except for looking at infection prevention and control measures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed one incident of poor infection control practices by a visiting professional. However, the registered manager addressed this concern immediately.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Records showed staff had completed training around Covid-19. However, the dates of such training had not been recorded. This was discussed with the manager, who assured us this would be addressed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the registered managers and provider had failed to ensure staff received the required training and support as deemed necessary. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had introduced systems to improve training programmes for staff.
- Mandatory training modules were in the process of being completed, which was increasing staff knowledge and competence and therefore enhancing the skill set of the staff team.
- Knowledge checks were completed to demonstrate staff understanding of the specific topic.
- Staff supervision sessions had been reintroduced and the majority were up to date. This helped to ensure staff work performance was being monitored.
- Observation records were available to ensure effective practices were being maintained.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

At our last inspection the registered managers and provider had failed to ensure they were following the principles set out in the MCA about consent and capacity. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Systems were in place to ensure people were not being unlawfully deprived of their liberty.
- Mental capacity assessments had been conducted to determine if people had the ability to make certain judgements about living at the home and the care they received.
- Applications had been made to the local authority when people lacked capacity to make their own decisions. Evidence was also available to show when applications had been approved.
- Records showed consent had been obtained appropriately. Best interest decision meetings had been held for those who lacked capacity to make their own decisions.
- Information about local advocacy services was available should people wish to appoint an independent person to support in the decision-making process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they were admitted to the home.
- Care records showed people's choices and assessed needs and outlined how individual needs were to be best met in accordance with their wishes.
- We observed people being offered choices and being supported to make decisions.
- A wide range of easily accessible information was available for those who lived at the home, their relatives and the staff team. This helped to ensure those involved with the service were aware of important policies and were kept up to date with any changes.

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

- The registered manager had systems in place which helped to ensure people were supported to maintain a balanced diet.
- The meal service was a pleasant experience for people. There was a calm and relaxed atmosphere. The dining tables were pleasantly set with dementia friendly crockery, as needed. Meal choices looked appetising and people were offered second helpings and a choice of beverages.
- We observed some lovely interactions from staff members, who showed people alternative dessert options to encourage choice and supported people appropriately to eat and drink. However, it was noticed that there did not seem to be plate guards or adaptive cutlery for people who couldn't manage food easily with standard cutlery and plates.
- People told us they enjoyed the food. One person said, "I do like the food here a lot. There is a menu on the wall which shows two choices. They cater for my dietary needs well."
- We observed one person did not have a meal at lunchtime as they were sleeping. We advised the registered manager of this who assured us she would ensure a meal had been reserved.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed community professionals were involved in the care and treatment people received.
- People told us their health care needs were being met. One person told us, "The staff will call the doctor if I am not well." And a relative commented, "They [staff] inform us of any health changes. I feel included in decisions. The GP, chiropodist and optician all come here."

Adapting service, design, decoration to meet people's

- The premises were appropriate for the needs of those who lived at the home.
- An ongoing redecoration programme was in place and the nominated individual told us of plans to enhance the environment for people living with dementia.
- Specialised equipment was available to support people with personal care and moving around the home. This made life experiences more comfortable for those who lived at Altham Care Home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the registered managers and provider had failed to ensure people's privacy and dignity was maintained. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- We saw people being supported to maintain their privacy and dignity whilst independence was being promoted.
- We saw staff providing people with good explanations and encouragement whilst mobilising and eating. This helped to promote dignity and independence. One family member commented. "The staff are lovely with my relative. They are so kind and caring. They always treat her with respect and always ask before they deal with her."
- The plans of care we saw incorporated information about promoting people's privacy and dignity particularly during the provision of personal care. One person said, "The staff knock at my door and they listen to me and respond well. I can maintain my own independence even though I don't have mobility." Another person told us, "Staff members are good about privacy and dignity here. They always respect my independence."

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had systems in place to ensure people were treated well.
- We observed some lovely interactions between staff and people who lived at the home during our inspection and we observed people being treated equally in a kind, caring and respectful manner. However, we did hear one member of staff speak abruptly to a service user who was shouting. The registered manager assured us this would be addressed immediately.
- People's diverse needs were taken into account during the provision of personal care and support. This provided people with equal opportunities and helped them to maintain their dignity.

Supporting people to express their views and be involved in making decisions about their care

- The provider had information readily available to inform people about local advocacy organisations and how these services could be accessed.

- People we spoke with provided us with positive comments. One person told us, "The staff are very good with me and they allow me to get up, get washed and get dressed myself without any assistance. I use a walking frame to get around the place. Staff always ask me if I need anything and help me when I do need something."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider and registered manager failed to ensure people's care was planned in a person-centred way to meet their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The registered manager had developed detailed and well-structured person-centred care plans, which covered a wide range of areas and reflected individual choices and preferences.
- Care files were well organised, which made information easy to find. They incorporated an extensive range of risk assessments, which were supported by specific plans of care to ensure people were protected from the risk of harm. Some people told us they had been involved in planning their own care, whilst others said they had not seen their care plans.
- People told us that their needs were being met by a kind and caring staff team.
- Plans of care and risk assessments had been reviewed and updated each month with any changes in needs being well recorded. Daily reports were made on each shift to enable the staff team to keep abreast of any changes in peoples' needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activity programme was displayed within the home. On the morning of our inspection skittles was the activity featured, but this did not take place. The activity programme listed poetry reading as the afternoon activity, which also did not take place. However, we observed some dancing and singing, which people seemed to be enjoying.
- Some people told us they were bored. One person said they liked to tinker with mechanical things and another told us they would like to do chair exercises. However, one person told us they liked the bingo and domino sessions and enjoyed the singers and other activities at Christmas. We were also told a musician visits every month, who brings musical instruments for people to play.
- We noted the home was lacking in activities for those who lived with dementia, such as fiddle boards, rummage boxes and reminiscence aids.

We recommend the provider and registered manager develop an activity programme in accordance with people's wishes and preferences, which may include individual activities.

Improving care quality in response to complaints or concerns

At our last inspection the registered managers and provider had failed to ensure complaints were handled effectively. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The provider had systems in place which helped to ensure complaints were being well managed.
- The complaints policy was prominently displayed within the home. This outlined the procedure to follow should anyone wish to make a complaint and timeframes for responses and investigations were clear.
- Complaints received by the home had been recorded and outcomes documented. However, it was not clear if details of the outcome had been shared with the complainant. This was discussed with the registered manager who assured us she discussed outcomes with complainants but going forward would retain written responses on the complaints file.
- People and relatives, we spoke with confirmed they would know how to make a complaint, should they need to do so. One person said, "Staff listen to my needs and support me well, but I would tell them if something was wrong."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had a wide range of information on display within the home, which could be provided in various formats, should the need arise. This afforded everyone access to the same information.
- During our inspection we observed staff members providing clear explanations to people in a compassionate manner and in a way they could understand.
- People told us they were supported during the lockdown to keep in touch with their loved ones via zoom and facetime. One relative had sent a message to the home thanking them for organising a resident zoom meeting. They said, 'It was great to see [relative] and to chat to the staff about the various activities that are going on in the home.'

End of life care and support

- Policies were available for the staff team around end of life care and records showed some staff had completed training in this area of care.
- One family member had written to the home saying, 'We were really grateful for that last facetime call you set up with (relative). Those last few weeks were precious moments with memories that I will treasure forever.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated requires improvement, as the rating was limited because there were breaches of regulation in other key questions. At this inspection, this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had developed systems which effectively achieved good outcomes for those who lived at the home.
- The registered manager and staff team knew people well. We observed people being supported to make decisions and care records demonstrated people's preferences and wishes were considered.
- The providers attended the inspection. They were approachable and discussed matters with the inspectors in an open and honest manner.
- The registered manager was visible around the service and had developed good relationships with people. Staff described the culture of the service as open. They said the management team was approachable and they felt they were listened to.
- People and their relatives told us they were happy with the service and were involved in the decision-making process. We noted many written compliments had been received by the home: 'I would like to say how grateful we are for the care my relative received when he was admitted. You (registered manager) were excellent in keeping us informed. Nothing was too much trouble' and 'From the very first day we met you we both immediately felt at ease and comfortable.'
- One person told us, "The manager is approachable and nice. The staff are my friends. The home is kept clean and fresh-smelling. I'm happy living here." However, someone else commented by saying, "People don't all work to the same standards and that's quite a big inconsistency when you rely on their care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about her role and regulatory requirements.
- Staff told us they enjoyed working at the home and felt supported. They understood their individual responsibilities to service delivery.
- Effective systems were in place to check the quality of service provided and to monitor staff practice. Action had been taken to address any shortfalls with clear evidence improvements had taken place.
- Risks to people's health and safety had been assessed and recorded well. Strategies had been implemented which helped to protect people from the risk of harm. One person told us, "The staff come quickly when they're called. I like the home and the general environment. I think it is pleasant."
- A business continuity plan provided staff with clear guidance about action staff needed to take in the

event of an environmental emergency. This helped to keep people safe from harm.

Continuous learning and improving care

- The provider had systems in place which supported the staff team to continually learn and improve care.
- Clear guidance was easily accessible for staff, which helped them to develop as a team and to support people in a consistent and meaningful way. A wide range of policies and procedures were in place, including information around safeguarding, complaints and oral health.
- Training modules and supervision sessions were available for all staff to ensure learning was consistent and performance was monitored. Staff confirmed their training needs were discussed and additional training was sought as needed.

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

- The provider had systems in place which helped to engage and involve anyone who had an interest in the service.
- Plans of care considered people's diverse needs and provided guidance for staff about how these needs were to be best met.
- Service user and staff meetings were held, which enabled topics to be discussed in an open forum and allowed relevant information to be shared amongst service users and the staff team.
- Feedback was actively sought through customer satisfaction questionnaires to make sure people, visitors and staff were happy with the service provided and to ensure diverse needs were being met. Action had been taken to address any suggestions received
- There were effective communication systems in place to ensure people were kept up to date with any changes. One person told us, "Communication is good. The manager is good, but she is very busy most of the time. If I need her though, she's there for me. The staff know me well. It seems to be a well-managed place."

Working in partnership with others

- The registered manager and staff team worked in partnership with other agencies, including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.
- Relatives told us how the home had worked in partnership with them during the pandemic and lockdown. One relative said, "Through the pandemic it has been so difficult for everyone, but the staff here supported us in every way possible. They ring me regularly even about the slightest thing."