

Complete Care (UK) Limited

Althorpe Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Althorpe Residential Home care home is situated in the centre of Althorpe village. The service provides accommodation and personal care for up to 20 people some of whom are living with dementia.

People's experience of using this service:

Issues found under the safe domain at the last inspection, relating to medicine management, infection prevention and control and the general décor of the service had been addressed.

People were protected from the risk of harm and abuse. Safeguarding procedures guided staff about the action they must take if they suspected abuse was occurring. People had risk assessments in place to identify hazards to their health or wellbeing. Action was taken to reduce risks but maintain people's independence and choice. There were enough staff to meet people's needs in a timely way. Incidents and accidents were monitored and corrective action was taken to prevent re-occurrence. Recruitment and medicines management was robust. Infection prevention and control was in place.

Staff undertook training had supervision and a yearly appraisal to help to maintain and develop their skills. This helped staff meet people's needs.

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

Staff were caring and kind. People we spoke with and their relatives confirmed this. Staff provided comfort and support if people became anxious or upset. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

Staff supported people to meet their health and nutritional needs. People were supported and encouraged to maintain their independence. Staff worked with health care professionals to maintain people's wellbeing.

People felt able to raise concerns and were confident they would be addressed. There was a good programme of activities in place. End of life care was provided at the service.

The service was well-led. The registered manager supported the staff team and they all worked well together. A range of quality checks and audits were undertaken to monitor the service provided. Action plans were created when shortfalls were found and corrective action was undertaken to improve the service provided. We found the electrical hard wiring five-year certificate had been lost and a duplication could not be gained. This electrical check was undertaken again just after the inspection.

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

Rating at last inspection: Good (Report published October 2016).

Why we inspected: This was a planned inspection based on the previous inspection rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our Safe findings below.

Good ●

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 ●

Althorpe Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector on the first day and the inspector and an Expert by Experience on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people, people with dementia including those living in residential care.

Service and service type: Althorpe Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). 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: The inspection was unannounced on the first day and announced on the second day.

What we did: Before the inspection we checked information, we held about the service. This included notifications the provider had sent us about events or incidents that occurred, and which affected their service or the people who used it. We contacted the local authority's adult safeguarding, commissioning and quality monitoring team for their feedback, as well as contacting Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used this information to help plan our inspection.

Some people who used the service were unable to tell us about their experiences. 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. During the inspection, we spoke with six people living at the service and with one visitor and relative. We spoke with the registered manager, deputy manager and cook, with three care staff and the maintenance person.

We reviewed a range of documentation including three people's care records, medicine administration records (MARs), quality monitoring checks and audits, policies and procedures and three staff recruitment, training, supervision and appraisal records. We also looked at the compliments and complaints received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were protected from abuse and avoidable harm. Legal requirements were met.

Learning lessons when things go wrong.

At the last inspection of this service this domain was rated requires improvement. This was because there were issues with domestic cover at weekends and infection control processes and procedures.

- We found the issues identified at the last inspection had been addressed.
- The registered manager monitored accidents and incidents and looked for any trends and patterns. Advice was sought from health care professionals to help to maintain people' wellbeing. This helped to prevent any further re-occurrence.
- Staff were informed about issues so that learning could take place.

Staffing and recruitment.

- The registered manager and provider kept staffing levels under review. They were increased for people to attend appointments, activities and support people receiving end of life care.
- A safe staff recruitment process was followed. Full employment checks were carried out before new staff started work at the service.

Systems and processes to safeguard people from the risk of abuse.

- Safeguarding policies and procedures were in place to guide staff and they completed training about how to protect people from harm and abuse.
- Staff and the management team reported safeguarding issues to the local authority and took appropriate action to protect people. A member of staff said, "I would say if someone was being abused."
- People told us they felt safe and supported. One person said, "I am very happy and settled here." A relative told us, "I am very happy with all that they are doing for mum. Mum is settled."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Staff completed assessments of people's needs which identified potential hazards to people's health and wellbeing. Risk assessments were reviewed and updated as people's needs changed.
- Personal Emergency Evacuation Plans (PEEPs) were in place to inform staff about the support people would require in an emergency.
- Effective infection prevention and control practices were in place.
- A sluice washer and disinfectant machine had been fitted since the last inspection to enhance infection control for commode pans and urinals.
- The home was clean and tidy. People who lived at the service confirmed the cleanliness was good.

Using medicines safely.

- Staff undertook training about how to manage medicines safely.

- Safe systems were in place for the ordering, administering and storage of prescribed medicines. People received their medicines as prescribed.
- Recording of medicines given by staff and controlled medicines was robust.
- People had protocols in place to help guide staff about administering medicines and topical creams 'when required'.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed assessments of people's needs and obtained information from relevant health and social care professionals and discharging hospitals where necessary.
- People who used the service told us staff had the skills they needed to be able to meet their needs. One person told us, "Staff know what they are doing."
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Staff support: induction, training, skills and experience.

- New staff were provided with a structured induction programme which was tailored to each new starter's needs.
- Staff undertook training in a variety of subjects to develop or maintain their skills and knowledge. A member of staff told us, "We have lots of training to complete." This training was repeated periodically. A person told us, "The staff know what they are doing."
- Staff received regular supervision and had a yearly appraisal. This allowed staff to discuss any further training or development needs they may have.

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

- Staff supported people to meet their nutritional needs. People were encouraged to eat and drink by patient attentive staff. A healthy diet was promoted and people's special dietary needs were catered for. The dining room experience was being reviewed by the registered manager to see if it could be enhanced.
- The cook spoke with people to gain their views about the food provided and acted upon what was said. People told us the food was good, we received the following comments, "The food is very good, I'm a vegetarian and they cater for me" and "The food is brilliant, especially today. Fish and chips."
- Pictorial menus were in place to help people living with dementia choose what they would like to eat. There was a choice of food provided and drinks and snacks were available at any time.
- Meals could be taken where people wished, in the dining room, lounge or their bedrooms.

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

- People had access to health care professionals such as GP's and district nurses. A weekly clinic was held at the service by a nurse practitioner to help maintain people's wellbeing.
- Staff knew people well and could recognise when they were unwell. Any concerns were reported in a timely way and health professionals advice was followed.
- Information was shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs.

- The accommodation met the needs of the people who lived there.
- The building was homely and well maintained. The lounge had been decorated by the registered manager who chose to undertake this to enhance the service for people living with dementia. Pictorial signage was present to tell people where toilets and bathrooms were. Bedroom doors had names and numbers present and pictures to help people find their bedroom.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 procedure 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, whether any restrictions had been authorised and whether any conditions on such authorisations were being met.

- Staff spoke with people and gained their consent before care tasks were undertaken and gave examples of how they managed to gain consent. People who used the service told us, "I am listened to" and, "I make my own choices."
- Staff worked within the law in relation to MCA and best interest decisions were made in consultation with people's relatives and relevant health care professional.
- People's liberty was only restricted to make sure they were safe following 'best interest' decisions made in discussion with family members and relevant health care professionals.
- Staff undertook training about MCA and DoLS. Staff understood what constituted a deprivation of liberty and applications had been submitted to the local authority where required.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service promoted a person-centred culture. Staff built positive relationships with people and their relatives.
- Staff communicated with people with compassion and listened to what people said. They gave time for people to respond. Staff talked with people about things that mattered to them.
- People told us the staff were kind and caring. One person said, "The staff are jolly and helpful. They are all good." One relative told us, "All the staff are so caring and kind."
- Staff told us they loved their jobs. One member of staff said, "It is a wonderful place to work. I enjoy my job."
- Relationships with family and friends were supported and encouraged by staff. Visitors were made welcome at any time.
- People's equality was promoted at the service along with their diversity and that of the staff. Care and support was delivered in a non-discriminatory way; people were supported to follow their faith and live their lives the way they wanted to.

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

- Staff enabled people to make decisions about their care and support and they were there to provide help and encouragement, if needed.
- People's care plans guided staff about their communication needs. Information was shared with people in a format that met their needs to comply with the Accessible Information Standards.
- Staff encouraged people to give feedback about the care and support they received. They gave people time to respond to questions or re-phrased them to make it easier for people to understand what was being said.
- Staff showed consideration for people's individual needs and provided comfort and reassurance to people if they were anxious or upset.
- Advocates were available to people locally, if required, to help them raise their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. Personal care was delivered to people in their bedrooms or bathrooms with the doors closed. People told us, "The carers are good they do respect my privacy and dignity."
- People's personal care needs were met. Staff ensured people dressed according to their wishes and preferences.
- Care files contained information about each person's health needs, the tasks they could undertake for

themselves and the support required for people to remain as independent as possible.

- Information was securely stored to maintain people's confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had their care needs assessed. Care plans were in place to inform staff about the help people needed to receive. This information contained people's likes, dislikes and preferences for their care and support. This information was reviewed regularly and as people's needs changed.
- People's care records provided staff with guidance about how to recognise and manage behaviours which caused the person to become anxious or distressed.
- We were told by people living at the service they received the care they required and staff contacted health care professionals for help and advice to maintain their wellbeing.
- People told us staff were responsive to their needs. They said the staff were very capable at looking after them, and they told us staff were always around if they needed help. We received the following comments, "I just press the bell and they [staff] come to help you", "We're definitely well looked after" and "I've never needed a doctor. A nurse comes and does my blood pressure."
- Relatives told us staff were responsive to their relations needs and staff kept them well informed. One relative told us, "Nothing is hidden from me."
- There was an extensive and creative programme of activities provided. Staff enjoyed taking part in activities to enrich people's lives. People were involved in the local community and attended the local church. Children from a local school visited twice a year to perform poems and sing for people living at the service.
- Staff encouraged people to maintain their hobbies and interests. For example, arts and crafts, knitting and reading.

End of life care and support.

- People were given the opportunity to discuss their end of life wishes and plan for them. This information was recorded.
- Staff gained assistance from health care professionals to make sure people were kept comfortable and pain free at the end of their lives. Relatives were encouraged to stay with their loved one if they wished, at this important and difficult time.

Improving care quality in response to complaints or concerns.

- The provider's complaints policy was provided to people in a format that met their needs.
- People told us they would raise issues and could complain but had not needed to. One person told us, "I've never had to complain. If I had a complaint I would just tell them [staff]." Another person said, "I can't complain about anything." One relative told us, "I would go to the manager's office and issues are always acted upon."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility.

- A range of checks and audits were undertaken by the management team to assess the quality of the service provided. Action plans were created if issues were found to make sure corrective action was taken in a timely way. We found the record of the previous electrical hardwiring certificate had been misplaced. An electrician was contacted to undertake this work because this certificate could not be found and a duplicate could not be provided for reasons outside of the provider's control. An electrical installation check has now been undertaken.
- Shortfalls in the service were shared with the staff so that learning could take place.
- The registered manager had an open-door policy and people living at the service, their relatives or staff could speak with them at any time.
- The registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

Planning and promoting person-centred, high-quality care and support.

- People and their relatives had input into planning the care and support provided by staff.
- People spoke positively about the service and were satisfied with the care they received. They told us they could not be looked after any better. One relative said, "I am kept informed. The manager acts on things immediately. I would recommend this service. It is very homely."
- The ethos of the service was open and welcoming. The management team and staff were committed to achieving good outcomes for people. Visiting was permitted at any time.
- Staff told us the service was well-led by the registered manager and provider. The visions and values of the service were displayed and staff embraced this ethos.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others; Continuous learning and improving care.

- People living at the service, their relatives and staff had their views sought through daily conversations, meetings and surveys. The feedback received was acted upon to improve the service. One person said, "Yes, they have meetings here and my niece and I both go. They ask about anything you would like to see done better or things you'd like to improve? I've got pretty much everything I want."
- The management team worked across the provider group to share best practice ideas. They worked with local health care professionals and organisations. Good practice guidance and legislation was followed.
- Staff 'Champions' were in place for dementia care, dignity, end of life care and infection control. Staff with these lead roles supported good practice and supported staff to develop their specific knowledge.

