Flollie Investments Limited

Alice House

Inspection report

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Date of inspection visit:
28 January 2020
29 January 2020

Date of publication:
24 February 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Alice House is a residential care home providing personal care and support to 18 people living with conditions associated with dementia at the time of the inspection. The service can support up to 32 people.

Alice House is a large detached adapted house with accommodation over two floors and access via a passenger lift. The environment has been adapted for people living with dementia. Bright contrasting colours and clear pictures and signage has been used throughout the home to assist people to be independent and find their way around.

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

People said they felt safe, happy and well cared for at Alice House. One person said, "It's very nice here, I feel very safe, it's homely."

Most people were unable to give an informed view of their experience of living at Alice House. However it was clear from our observations people were comfortable and moved freely around their home. Staff interactions with people were kind, caring and considerate. For example when one person became agitated, staff quickly defused the situation.

Some improvements were needed in the recording of medicines. We have made a recommendation in respect of this.

There were sufficient staff with the right skills and support to meet people's needs and wishes. Staffing had been reduced due to a decision to reassess some people who needed additional support. This meant the number of people using the service had decreased in recent months. This was a planned strategy to ensure Alice House was offering the right support to people. In recent weeks the numbers of people using the service had increased and the registered provider agreed they did now need to review staffing and increase care staff by at least one. They did not currently use a dependency tool to help them review staffing levels. Following feedback, they agreed to research this to find a dependency tool which they could utilise.

People enjoyed a variety and choice of meals. Their healthcare needs were closely monitored and the service worked in partnership with other professionals to achieve good outcomes for people, including end of life care.

Staff provided a varied programme of activities taking into consideration peoples past and their hobbies and interests. Staff were skilled at engaging people throughout their day. They tried to involve people with everyday tasks such as washing up, folding laundry and prepping vegetables. This was offered alongside

engaging people in hobbies and interests. There was a dog who lived on site. People enjoyed taking the dog out for walks.

Staff had training, support and mentoring to enable them to do their job effectively and safely. Staff felt valued and believed their views and opinions were listened to.

The service had a relatively new manager, who had previously worked at the home as a senior then a deputy manager.

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.

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

Rating at last inspection
The last rating for this service was Good (Report published 18 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

Alice House

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.

Inspection team
The inspection was completed by one inspector.

Service and service type
Alice House 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.

The service had a manager who was not yet registered with the Care Quality Commission. They were in the process of applying to register. This means 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-
During this inspection we spoke with seven people living at the service.
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.

We also spoke with the manager and the nominated individual. (NI) (The nominated individual is responsible for supervising the management of the service on behalf of the provider.) We spoke with five care staff, a cook, maintenance person and a housekeeping member of staff

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance information.
We also rang and spoke with four relatives to gain their feedback about the service. We requested feedback from two healthcare professionals but did not get a response.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. . At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
• During our check of the home's medicine stock against their records, we found one controlled drug where the records were not accurate. There was one tablet missing according to the records. The medicine was an as needed (PRN), so it may have been administered but not recorded.
• At the time of the inspection there were no PRN protocols to guide staff as to when they should consider offering this medicine. Records showed, most PRN medicines were not being used regularly. Following feedback and by the second day of inspection these protocols were in place.
• Staff competencies were checked at the beginning of them taking on this task. They were also asked to complete annual questionnaires to check their medicine knowledge. However, there was no record of their ongoing competencies being checked. The NI agreed this would be implemented immediately. The manager said they had recently had the medicines optimisation team in from NHS England to audit and review their practice. They were developing an action plan in line with the recommendations from this audit. One of these was to ensure competency checks were completed.

We recommend the service follows best practice in safe recording of all medicines and develops a system for checking this in a timely way.

Staffing and recruitment
• There were sufficient staff but this needed to be kept under review. The staffing levels had been reduced in line with less people living at the service. On the days of the inspection, there were three care staff available and one of these was the manager. We spoke with the NI about needing to increase staffing levels as more people had recently been admitted. They agreed this was being done.
• The service did not use a dependency tool to show how they determined staffing levels. Staffing had been reduced. A decision to reassess some people who needed additional support was made. This meant the number of people using the service had decreased in recent months. This was a planned strategy to ensure Alice House was offering the right support to people. In recent weeks the numbers of people using the service had increased again. The registered provider agreed they did now need to review staffing and increase care staff by at least one. They did not currently use a dependency tool to help them review staffing levels. Following feedback, they agreed to research this to find a dependency tool which they could utilise.
• Recruitment practices were safe. This ensured only staff were who were checked as suitable to work with people who may be vulnerable were employed.

Systems and processes to safeguard people from the risk of abuse

• Staff understood what constitutes abuse and who they should report any concerns to.
• Staff had regular training updates on safeguarding to ensure their knowledge was in line with best practice.
• There were clear policies and protocols in place to assist staff to raise any concerns or alerts.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

• The risks to each person had been assessed. Care records contained information about individual risks.
• People living with long term health conditions had care plans related to these conditions. Plans guided staff on what actions were needed to keep people safe. Staff understood and were able to describe how to support each person in line with the care plan
• The provider did a monthly audit which looked at all aspects of safety monitoring and how any risks were being managed. This included a full tour of the building, talking with staff and people who lived at the home. It also included a review of key records and documents.
• Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. For example where someone had a fall, their medicines, environment and equipment was checked to see if this was having an effect on their risk to falls.

Preventing and controlling infection
• The home employed housekeeping staff to ensure regular cleaning and prevention of cross infection. The service was clean, homely and free from odour. One or two bedrooms had some mild odour but the NI asked the housekeeping staff to ensure these rooms were given an additional clean in response to feedback.
• Staff had access to personal protective equipment such as gloves and aprons to use to help prevent the spread of any possible infection.
• There were policies and regular training to update staff on best practice for infection control.
• Staff were vigilant about infection control. For example, they noted one person who had been washing up dishes had a cold, they later made sure the dishes were put in the dishwasher to prevent the spread of any infection.

Good

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 good. At this inspection this key question has remained the same. This meant 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
• Prior to admission, where possible the manager or NI visited the person and their family and any caregivers to gain their views and assess their needs. On the first day of the inspection the service were asked to assess someone who was in A&E. The NI agreed this was not the best environment to assess their needs and arranged for them to come to the home so they could assess them in a quiet and calm environment.
• People or their relatives had been involved in their assessments, care planning and reviews where this was possible. This was not always documented. Following feedback the manager agreed they would make sure any consultations with people about their plans were recorded.
• Care plans were person centred and included any best practice and information from healthcare professionals.
• National tools were used to assess risks to health such as risk of malnutrition and pressure damage.

Staff support: induction, training, skills and experience
• People said staff were skilled at meeting their needs. One commented "I think they know what they are doing. They are making sure my legs are being checked by the nurses and now want the doctor to look at them."
• Staff said there were regular training opportunities which covered all key health and safety. Much of this was completed on line. Some areas of training were face to face learning. This included dementia, moving and handling and first aid.
• Records showed staff had regular opportunities to discuss their role and their training needs with their manager or senior.
• Our observations showed staff had good skills at working with people living with dementia, ensuring good engagement and diffusing expressed behaviours quickly.

Supporting people to eat and drink enough to maintain a balanced diet
• People said they enjoyed the food and meals on offer. One said, "The food is rather good here." Another said, "I only have a very small appetite but they provide me with choice."
• We observed staff ensuring people were given visual choices of the two main meals offered at lunchtime.

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

• The environment had been adapted for people living with dementia. Bright contrasting colours and clear pictures and signage had been used throughout the home to assist people to be independent and find their way around.
• The NI said they had sought guidance on providing the right environment through Stirling university's dementia services development centre.
• Small lounges and attractive spaces had been developed around the home. People had access to small kitchen areas to enable them to make their own drinks and snacks.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met
• People's mental capacity had been assessed and where needed DoLS applications had been applied for.
• Staff received training in MCA and DoLS and understood the principles of these to ensure people's rights were protected.
• Staff ensured people were given choice and care and support was delivered in the least restrictive way.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Daily records showed staff worked closely with healthcare professionals to meet the needs of people who lived at Alice House. This included their GP, the community nurse team and hospital specialists.
• Peoples healthcare needs were assessed and planned for to show how the service would meet these. For example where someone had mental health conditions, staff worked closely with consultants and community nurses to monitor their condition and review any medicines.

Good

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People said staff were helpful and treated them with kindness and respect. One person said "Staff are all lovely. I do not have any concerns."
• Relatives said staff were exceptional in their caring nature and the patience they showed towards people. One relative said "Staff are very attentive, patient and understand about dementia. They put you at ease." Another said, "The care is superb."
• Our observations showed staff were observant towards people's moods and quickly offered support when needed. For example, when they saw someone was becoming agitated and getting louder, they invited them to go for a walk and this diffused the situation.
• Care plans detailed people's diverse needs and wishes. Staff knew people well and understood what was important to each person to keep them happy and feeling respected. Sexuality was not assumed. The NI gave some gave examples of where staff have been sensitive to people's needs around their sexuality.
• Staff received training in equality and diversity.
• There were lots of compliments and thank you cards showing the caring nature of staff. One said "To all the wonderful staff at Alice House, thank you so much for caring for mum over the last few years. I feel comforted knowing that she was safe and loved."

Supporting people to express their views and be involved in making decisions about their care
• People were positive about the care and support they received. It was clear people were offered maximum choice whilst being encouraged not to become socially isolated. One person said, "I enjoy spending time in my room, staff know this, but I do enjoy some of the outings."
• Staff were seen to offer people choice and were flexible in their approach to ensure people were fully involved in their care and support. For example, one person was reluctant to sit down and eat their breakfast. Staff offered them some alternatives and when the person still refused, they agreed to keep some breakfast warm for them for when they were ready.
• Staff understood the importance of people working in partnership with them so they felt fully involved and in control of their lives. One staff member said "We go with the flow, if they want to wash up, well we say okay. If they want to be waited on like extra drinks, we are here to make sure they are happy."

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity were respected. Staff ensured people's personal care was delivered in the privacy of their bedroom.

• People confirmed they were treated with dignity and respect. For example staff knocking on their door before entering.
• Staff were able to describe ways in which they ensured people's dignity was upheld and how they worked in a way to promote people's independence.
• Relatives confirmed people's dignity was upheld. One said "Whenever we visit everyone is always well dressed and clean. Staff must work really hard to get this right."

Good

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 good. At this inspection this key question has remained the same. 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

• Care and support was well planned. This was because each person had a person-centred care plan. This detailed for staff, how best to support them.
• Plans took into account people's wishes, preferred routines and past histories where known.
• Relatives confirmed they were included as part of reviewing people's plans. One said " We are very happy with the way they look after (name of person). The manager is very responsive to any comments and suggestions we make."
• People confirmed they had choice and control over their everyday lives such as when they got up and when they wished to retire to their room.
• Staff had detailed knowledge and understanding of each person's needs and wishes.
• Where people were unsure or unable to make choices due to their cognitive impairment, staff were skilled at assisting them. For example, showing visual cues about the choices they could make.

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.

• Plans of care included what staff needed to think about in terms of people's communication needs. For example if they had hearing aids, wore glasses or had difficulty processing information due to their dementia.
• The NI said information could be provide in large print but usually they read things out to people when needed.

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

• Everyday activities were seen as an important part of ensuring people's holistic needs were being met. For example, people were encouraged to help with washing up, peeling vegetable and folding clothes. People were seen to potter about like they would in their own home.
• Relatives said staff were good at ensuring people were occupied with meaningful things to do. One said "My mum was always busy, never sat down and at Alice House she is the same. Staff know to let her get on and help wash up."
• In addition to simple everyday activities, people had opportunities to go out and about on trips on the

minibus at least three times per week. This might be to places of interest, out shopping or for a picnic.
• On other days there was paid entertainers who sang and provided entertainment to people. On one of the days we inspected there was a singer and most people were up dancing with the staff.
• There was a dog who lived on site. People enjoyed taking the dog out for walks.

Improving care quality in response to complaints or concerns
• The service had a complaints process. The complaints log showed all complaints were investigated and followed up. These centred on missing laundry and meal options.
• Relatives said they were confident to bring up any issues, niggles or complaints. All said the manager was very responsive to any issues raised.

End of life care and support
• Where possible people were assisted to have their end of life care at the home, if this was their wish.
• Staff worked closely with the community nurse team and the GP to deliver end of life care which helped to ensure people experienced good outcomes, including relief from pain if needed.
There were many compliment cards from families thanking the service for their caring approach to end of life care. One stated "Thank you for looking after (name of person). He was happy with you and we knew he was safe. The care provided to (name of person) in the last few days of his life was exceptional making his last days calm and peaceful. With many thanks for the love and care shown both to him and us."

Good

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 as requires improvement. At this inspection this key question has now 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.

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

• At the last inspection we found the service had not always notified CQC of safeguarding events. We made a recommendation which asked the provider to ensure that they comply with the Care Quality Commission statutory notification guidance.

• At this inspection we saw notifications were being submitted in a timely way. This was also being checked as part of the providers monthly audit checks.

• Audits were carried out to check on the environment, care records and medicines. We identified and discussed some improvements to these, including ensuring regular competency checks were completed for staff.

• Risks to people and the environment were kept under review. Where issues were identified the provider acted swiftly to mitigate any risks.

• The manager was new in post but had already had a significantly positive impact on people, their family and staff. All said the manager was open and inclusive in their approach.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• People benefitted from a staff team and management who were motivated to provide person centred care which ensured each person had the best care possible. Care and support was individually tailored to meet people's needs and ensure they were empowered to be in partnership with their staff team. This was achieved through giving people time and cues to make choices and decisions.

• Relatives were extremely positive about the person-centred approach and how well and how much their family member had settled at the service. One said "Staff are very attentive, patient and understand about dementia. They put you at ease."

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 registered provider understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example they ensured information was given to the local commissioners and safeguarding teams when there was a serious injury to someone.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their families were at the heart of the service. Staff worked hard to ensure people had meaningful engagement, and this impacted positively on people's wellbeing.
• Staff were skilled at working with people with cognitive impairment to assist them to make decisions and choices in their everyday lives.
• Relatives said they were actively involved with the service.

Continuous learning and improving care; Working in partnership with others
• The registered provider used their monthly visits and audits to plan for continuous improvements both to the quality of care and to the fabric of the building.
• They had worked with Stirling university to ensure their environment was dementia friendly and followed best practice in terms of design and layout
• Where needed the service worked in partnership with the community nurse team and other healthcare professionals to achieve good health outcomes for people.