

Alton Manor Limited

Alton Manor Care Home - Portsmouth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alton Manor Care Home is a residential care home providing personal care to up to 34 people living with dementia and/or physical frailty in one adapted building. At the time of our inspection 25 people were living at the home with one person in hospital.

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

Infection control processes were not always managed safely and placed people at risk of harm.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about this.

Current guidance on isolation of people on admission was not always followed. We made a recommendation about this.

Care plans and risk assessments although improved still required further updating and improvement, we made a recommendation about this.

Staff felt well supported by the manager and told us overall they were happy working at Alton Manor Care Home. Staff in the service worked well with each other and external professionals to ensure good health outcomes for people.

Medicines were managed safely, and the provider recruited people safely.

We observed positive and kind interactions between staff and people. Relatives felt staff treated people with dignity and respect and we observed staff respecting people's right to privacy.

People's rooms were personalised, and the layout of communal areas had significantly improved.

People knew how to raise concerns. They had confidence in the registered manager. Incidents and accidents were monitored by the registered manager. Where accidents and incidents occurred the registered manager ensured appropriate action was taken to reduce the likelihood of injury or reoccurrence.

The provider and the manager demonstrated a willingness to make further improvements and had identified areas for improvement prior to the inspection through their quality assurance systems and processes. They planned to ensure the service consistently provided good, safe, quality care and support. Further progress was still needed to fully embed and sustain these improvements.

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 May 2021). There were three breaches of regulation in relation to regulation 12, Safe Care and Treatment, regulation 17, Good Governance and 11, Need for Consent. We imposed a condition on the providers registration which required them to submit a monthly report to the Care Quality Commission on the actions being taken to ensure improvements were being made to the quality and safety of the service.

This is the third consecutive rating of requires improvement for this service however, we have seen significant improvements at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, poor care, management and culture of the service, communication, medicines management, activities and confidentiality. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

We have found evidence that the provider needs to make some improvement. Please see the safe, effective and well-led sections of this full report.

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Alton Manor Care Home - Portsmouth

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

This inspection was carried out by two inspectors.

Service and service type

Alton Manor 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider alone is legally responsible for how the service is run and for the quality and safety of the care provided.

A manager was in post and told us they were currently in the process of applying to be registered. They had been at the service for approximately two months at the start of our inspection.

Notice of inspection

This inspection was unannounced. Inspection activity started on 4 August 2022 and ended on 19 August

2022. We visited the location's service on 4 August 2022, 8 August 2022 and 12 August 2022.

What we did before the inspection

We reviewed information we had received about the service since their last 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. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the director, manager, senior care workers, care workers and cooks. We spoke to one professional during the inspection.

We reviewed a range of records. This included two people's care records in detail and a further four care records in part as well as multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We received email feedback from two professionals who regularly visit the service.

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 requires improvement. At this inspection this key question has remained the same.

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.

Preventing and controlling infection

At our last inspection a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer breach of this Regulation. However, we did identify two areas for improvement which the provider responded to immediately.

- COVID-19 guidance was not always followed, for example, during inspection we became aware one person was isolating in their room. They had come from a non COVID-19 ward at the hospital. This went against government guidance which at the time of their admission stated people only had to isolate if they had COVID-19, symptoms of COVID-19 or had been discharged from an area of the hospital which had COVID-19. The manager printed the current guidance for reference and immediately arranged for the person to stop isolating.

We recommend the provider looks at systems and processes to ensure they are kept fully up to date with changing guidance.

- At this inspection we found some foods which were out of date or not labelled when opened. We spoke to the registered manager, about this, who disposed of the food immediately and planned to replace it. They told us they would add checking food use by and best before dates to their kitchen audit to ensure this did not happen again.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were mostly 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

Safe systems were in place to enable people to receive family visitors. Family members confirmed they were able to visit and take people on outings away from the home.

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

At our last inspection a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because risks associated with people's needs were not safely managed.

At this inspection, enough improvement had been made and the provider was no longer in breach of this part of Regulation 12. However, improving the care plans was an ongoing process and the manager needed more time to continue the improvement and embed this into practice.

- Staff understood where people required support to reduce the risk of avoidable harm however, not all care plans and risk assessments contained enough detail. For example, one person's risk assessment for bed rails stated, "Checked regularly" however, this was not specific and did not detail what staff should be checking for. There was a risk new or unfamiliar staff would not know how to support this person safely with bedrails.
- People had Personal Emergency Evacuation Plan's (PEEP's) in place however these did not always give information how to evacuate people and did not contain day and night-time evacuation information. There was no detail about how people would react to hearing a fire alarm.
- One person was prescribed a flammable cream which had a risk assessment in place. It recorded this person's clothes should be washed separately. We asked staff how this person's clothes were washed, one staff member told us, "I am not sure what the plan is." A second staff member did not know this person's clothes were washed separately and a third staff member told us they didn't know because they worked nights. Staff did not seem to be aware of the risk assessment and did not appear to be following it.
- Care plans and risk assessments did not always have review dates recorded on them.
- The service had a new manager in post who had made significant improvement in the two months they had been in post at the start of our inspection.
- We spoke to the manager about care plans and risk assessments, they told us they were aware of the need to review and update all care plans and risk assessments and had started to carry out this piece of work. We observed a care plan which had been updated by the manager and this included the required detail. We were assured the care plans were being reviewed and updated to include more information which mitigated the risk to people.

We recommend the provider seeks current guidance on reviewing and updating care plans and risk assessments to ensure they have all the relevant information in them and updates their practice accordingly.

- The manager was able to describe their process for learning lessons when things went wrong. We saw documents which confirmed this was managed appropriately.
- The provider had quality assurance procedures in place to check the safety and effectiveness of the service. A range of audits were undertaken such as, fire safety, medicines management, kitchen and care

plans. These enabled the manager and provider to monitor and identify any shortfalls in the quality of the service people received.

- Risks associated with legionella, gas, electric and the environment had been assessed and robust risk assessments were in place where required.

Using medicines safely

At our last inspection a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because medicines were not safely managed.

At this inspection, enough improvement had been made and the provider was no longer in breach of this part of Regulation 12.

- Some people were prescribed creams to alleviate skin conditions. From talking with staff and people, it was clear that staff applied creams for people appropriately.
- People received their medicines as prescribed.
- People had care plans regarding the administration of their medicines and where medicines were prescribed to be administered on an 'as required' (PRN) basis, clear protocols to guide staff were in place. This meant staff had appropriate guidance as to when people may need these medicines. Staff knew people well and administered medicines in line with people's preferences.
- The medicines room was air conditioned and staff took temperatures of medicines storage areas daily. This meant medicines would be stored at the correct temperature to ensure they remained safe for use.
- Medication administration records (MARs) were completed to ensure that appropriate records were maintained of people's medicines.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- Medicines were stored securely and were managed safely according to current guidance.

Staffing and recruitment

- Staff were recruited safely but some improvements were required to ensure all the information was easily accessible. For example, some staff files did not contain all the information required however, the provider was able to provide this information from their human resources team.
- The required checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks and obtaining up to date references. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Gaps in employment histories had been addressed.
- Staffing arrangements were safe and had been decided on using a recognised dependency tool and people's needs were met by appropriately skilled staff. The manager did rely on the use of agency staff. Appropriate checks were in place for agency staff. The manager told us, "We have two agencies that we use, they tend to send the same staff for continuity. I am starting to put a cover sheet out in advance. I have also taken on two new bank staff. We have three full time night carers in the recruitment process. We carry out continuous recruitment."

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us they felt safe. One person told us, "It's lovely here, I feel very safe." A relative told us, "Staff are very caring here."
- The provider had safe, effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.

- Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by senior management. Staff had confidence their concerns would be listened and responded to. One staff member told us, "Safeguarding is verbal, physical, lots of reasons, if people get too close to each other or are threatening I would go to person in charge of shift or management." The staff member also discussed reporting concerns to the safeguarding team and to CQC.
- Staff told us, and records confirmed that they had safeguarding training, this was repeated yearly.
- The manager told us, "We work closely with other agencies. We make adjustments where required." Documents showed the home liaised with the local authority if safeguarding concerns were raised.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the principles of the MCA were not followed.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 11. However, the manager required more time to continue with improvements and to embed this into practice.

- The principles of the MCA had been followed and best interest meetings had taken place where relevant. These were mostly carried out by the previous registered manager and the deputy manager, there was no evidence of involvement from family members, professionals or independent mental capacity assessors (IMCA) where no one else was able to support this process. This meant there was no independent person or advocate to support the decision-making process for people. However, this was an improvement decisions made were made in the best interest of people and had been recorded which was an improvement from the last inspection.
- We spoke to the registered manager about this who told us they would involve the appropriate people in best interest decisions going forward. Despite this we observed people were involved regularly in daily decisions about their care.
- DoLS authorisations had been applied for where people required them. One care staff member we spoke

with was aware of what DoLS were. Other staff were not able to describe DoLS fully. There was a risk people would not be supported safely, if staff were not aware people had DoLS in place. This was mitigated because the senior staff were able to confidently describe the MCA, best interests and DoLS processes and staff told us they would seek advice from senior staff or their manager.

- The manager was able to talk confidently about the MCA and what it meant for people living at Alton Manor Care Home.
- Staff told us they always sought consent from people prior to supporting them with any aspect of their care and people confirmed this however, none of the staff we spoke to had a clear understanding of how to use the MCA at work.
- Observations in communal areas of the home confirmed people were offered choices and staff respected these.
- We saw one-person consent to care form was signed by the provider on behalf of the previous registered manager. We spoke to the manager about this who was aware of this and was planning to review and update consent to care forms where this had occurred. We were assured the manager would act quickly to ensure consent was agreed in line with the principles of the MCA.

We recommend the provider reviews current guidance on MCA, best interest decisions and DoLS and updates their staff knowledge accordingly.

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

- People's needs were assessed before they moved into the home. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.
- Staff completed regular assessments of people's ongoing needs using recognised tools for areas such as nutrition and skin integrity.
- Care was planned and delivered in line with people's individual assessments, however these were not reviewed regularly. The manager had identified this and had plans in place to ensure reviews took place monthly going forward.

Staff support: induction, training, skills and experience

- Prior to the new manager starting staff had not received regular supervisions in line with the providers policy, however, most staff told us they felt supported by the management team and felt able to gain support from them at any time.
- Staff received a variety of training including, MCA and DoLS, fire safety and safeguarding. Staff had received training specific to people's needs. For example, dementia care, diabetes awareness and catheterisation awareness. Not all staff had completed all the mandatory training such as health and safety awareness, equality, diversity and human rights and safeguarding however, these staff were still in their induction period and worked alongside other staff.
- Some staff were continuing to work through induction and completion of the Care Certificate however, worked alongside more experienced staff as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector.
- People and their relatives told us staff were skilled and experienced. One relative told us, "The [staff] are good all round. [Person] wouldn't be here if it wasn't for this place."

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

- People's dietary needs were met. People were provided with a nutritious and balanced diet and a choice of meals and drinks.
- People were positive about the food on offer. One person told us, "Food is much better now." We observed

one person being offered a different meal by a staff member when they didn't fancy what was on the menu.

- We observed the lunchtime experience was very positive and found that people enjoyed their meals and were supported in a positive and appropriate way. People were offered a choice of where to eat. The manager had rearranged the dining area, tables were set with table cloths, there were flowers on the tables and condiments were readily available. When people were given their dessert, jugs of cream and custard were on the table for them to pour for themselves where they could. This was a positive social occasion for the people living at Alton Manor Care Home.
- The kitchen staff were aware of people's speech and language therapist (SaLT) guidelines as well as people's likes, dislikes and preferences which were detailed in the kitchen.

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

- The service was warm and welcoming, and the layout of the home had significantly improved. One relative told us, "There is a much nicer layout of lounges now."
- People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them.
- Efforts had been made to make the home dementia friendly. We observed names on people's door with dementia friendly signage. We spoke to the registered manager about how people found their way around after changing the environment, they told us people had chosen the name for the two new lounge areas. We observed pictures of the local area on walls to help people orientate themselves.

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

- People were not always supported to access services to maintain and improve their lives. For example, one person who had their own teeth had an oral health plan. This asked when the last dental appointment was, and this was recorded as not known. It asked if the person needed to see the dentist and, "not needed" was recorded. The registered manager told us they would add them to the list for the visiting dentist when they next came.
- People were supported to access the GP and district nurses when required. Changes in people's physical presentation were recognised promptly and support was sought by external healthcare workers when necessary. One person told us, "They [staff] give me pain relief when I need it."
- People and their relatives were positive about the support received to access medical services and told us they received updates and positive communication from the manager.
- Professionals we spoke with or received email feedback from were positive about the managers engagement with them. They told us, "[Manager] had made appropriate changes within two weeks of starting as manager" and, "[Manager] is aware to call us if any further support is needed. [Manager] is working with the quality improvement team well."

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.

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

- Records demonstrated, and the registered manager confirmed people were initially involved in the implementation of their care plans. People and their relatives told us they were involved in decisions about their care. One person told us, "I was involved in the care plans."
- People told us they had choice and control over their care and daily lives. We observed people being given choices throughout the inspection. One person expressed they did not like living at Alton Manor Care Home. Another person told us, "I do get to make choices, if they can do what I want for me, they do."
- People, relatives and staff were invited to complete a questionnaire about the service they were receiving, this was analysed and responded to by the management team.

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

- People told us they were treated with kindness and were positive about the staff's caring attitude. One person told us, "They are nice here, they listen to you and do whatever you want." A relative told us, "Staff do a good job and are caring."
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences.
- People were asked questions about protected characteristics during the initial assessment stage, the manager told us they ensured they looked at individual needs during care planning.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors and waiting for a response before entering people's rooms. One person told us, "Staff treat me with respect." A second person told us, "Staff are good, if you want to go somewhere, they all try to go with you, they don't say they can't."
- Staff respected and promoted people's independence. For example, we observed a staff member asking a person if they could manage at lunch time, the person received verbal support and encouragement when required. Some people requested female only carers, and this was respected.
- Staff had a good understanding and were keen to ensure people were supported to maintain their dignity and independence.

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.

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 ensured information was available in an accessible format for people. People's care plans contained information on different types of accessible information they could receive information in. For example, easy read and large print.
- Some information was available in photographs or pictures to help aid communication.
- Records showed people's communication needs had been assessed and were known to staff.
- One person did not speak English. The manager told us, "We use google interpreter for this person. We have cards on a keyring with different phrases on for them. I can also ring the translator."

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

- Care plans were in the process of being reviewed and updated with a plan in place to ensure this took place monthly or sooner if people's needs changed.
- Documents demonstrated that people had been involved in this process. Staff were able to demonstrate they had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge.
- Staff used an electronic care planning system with handheld devices which relayed important current information to them.

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

- People were provided with a range of activities within the home. Activities available to people included social events, where singers came in with a guitar to perform. People told us they enjoyed the singer with the guitar, and we observed people enjoying this and joining in with the singing.
- Being able to go out was a key goal for some people. Visits to local shops, amenities and a visit to the beach.
- Staff worked with people to achieve their goals. One person told us, "Alton Manor is in lovely walking distance of the sea, I do like going out, I especially enjoy walks along the seafront." A second person told us, "[Manager] is lovely, she puts on everything she can to entertain us." A third person told us, "I mostly come

down for activities, they sit and talk to us and they [staff] put things in place for us to go and play."

- The cook knew people's names and thanked people for coming downstairs for lunch. This meant they were helping to encourage people to go to the dining room and enjoy meals in a social setting.
- Relatives and friends were welcomed into the service and were always made to feel welcome. One person told us, "My daughter comes in to visit me indoors." A relative told us, "During COVID we couldn't visit but I was kept updated and phoned every day."

Improving care quality in response to complaints or concerns

- People and relatives, we spoke with told us they had not had cause to complain however, were given information about how to make a complaint and were confident any complaints they made would be listened to and acted on.
- The manager told us they had a complaint about water jugs not being changed in bedrooms when they first started. They told us, "I have implemented date labels on water jugs and monitoring is allocated at handover to someone who is allocated to do the jugs."
- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. Documents demonstrated that complaints were managed in line with the providers policy.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were recorded.
- We saw some people had completed 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms and plans for end of life care, which showed people's wishes had been discussed with them and their relatives.
- The manager told us, "People do have end of life care plans in place, but no one is on end of life care at the moment. If they were, we would speak to their GPs and families and update their end of life care plan and inform staff. We would arrange any equipment needed." They also told us staff had had end of life training in the past and they were arranging to reintroduce this for all staff.

Is the service well-led?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the governance of the service was not effective. At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider had comprehensive audits in place for a range of areas including, infection prevention and control, medication, call bells and care plans. These enabled the manager to monitor and identify any shortfalls in the quality of the service people received. Action plans had been established following a review of the service by the new manager. This identified most of the concerns we found during inspection.
- The manager had recognised the poor layout of the lounge and dining areas and made positive improvements in this area. They had also reviewed some care plans and had created an action plan for further areas of improvement. However, the manager had been in post for a relatively short amount of time and needed time to make all the improvements identified and embed these improvements into practice.
- Where concerns were identified on inspection which had not already been identified by the provider the manager was very responsive and put plans in place to make immediate improvements. For example, we identified out of date food in the kitchen. We have reported on this in the safe domain of this report. We asked the manager what the process for food stock control was and they told us the kitchen audit guides staff to check food dates and said they must have been ticking it and not checking however, we checked the kitchen audit and there was no guidance for staff to check food best before or use by dates. We spoke with the manager about this who told us they had now added this to their audit.

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

- Improvements were underway to ensure people consistently received empowering high-quality care and good outcomes. We reported on these in the safe and effective domains of this report. The provider needed more time to complete these improvements and to embed them into practice.
- People's relatives told us people received personalised care and were happy with the service. One relative told us, "[Manager] has taken over and is nice, she keeps in touch." Relatives were positive about the changes made by the manager.
- Most staff said they enjoyed working at Alton Manor Care Home and felt supported by the manager and provider. Staff comments included, "[Manager] is approachable and [the provider] is ok too" and, "I've raised a few things with [manager] and she had given feedback from [the providers], she's arranged the meds

training." One staff member was negative about the manager. We spoke with the manager about this who told us they were working on the culture within the home and had made some positive improvements.

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 a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- CQC were notified of most significant events however, during the inspection we became aware of one person who had an unwitnessed fall. There were concerns about a head injury and pain in their hip and shoulder from falling. The injuries were significant enough to require ambulance support and a six-day hospital admission. CQC had not been notified about this. The manager told us they would make retrospective report to CQC and would report all significant injuries to CQC going forward.
- Records demonstrated the provider was open and honest with people and their relatives when an incident occurred. Relatives also told us that they were kept informed of any changes in people's needs or care.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. We saw where people had made suggestions, these were acted on.
- Staff had started to be encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported.
- We observed people and staff were treated fairly and individually respected. People and most staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, records demonstrated this.

Continuous learning and improving care

- The manager had made significant improvements to the running of the home since their appointment. We saw several examples of continuous learning and improving care which have been reported on throughout this report. Time was needed to continue the improvement and embed this into practice.
- The manager kept themselves up to date with developments through feedback from the provider, training and reading CQC bulletins.
- The manager was very responsive to feedback given during the inspection.
- Concerns found from feedback and raised during this inspection were acted on immediately. The manager told us they will be adding to their action plan following audits to evidence continuous improvement.
- A professional who visited the service regularly told us, "There has been really obvious significant improvement, [manager] has enforced new changes. [Senior care workers] are fantastic carers" and, "Definite improvement. The layout of the home is more dementia friendly, more suitable for residents and more interaction in different areas of the home. It's nice to see someone take ownership and the lead. Staff I feel are probably more available, I never go into an empty room now. People who were nursed in bed are now out in the lounge."

