Alum Care Limited

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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 well-led?	Good

Summary of findings

Overall summary

About the service
Alum Care Limited is a care home with nursing for up to 64 adults. The service specialises in the care of people with long-term neurological needs, including Huntington's disease, Parkinson's disease, motor neuron disease and multiple sclerosis. There were 44 people living at the home at the time of our inspection.

People's experience of using this service and what we found
People received their care from regular staff with whom they had established positive relationships. Staff were available when people needed them. People told us staff had worked hard to keep them safe during the coronavirus pandemic.

The quality of care plans had improved since our last inspection. People's care plans were detailed and personalised. They contained clear guidance for staff about how to provide people's care according to their individual needs and preferences.

Risks to people were effectively identified and mitigated, which had improved outcomes for people. Learning took place if adverse events occurred. Incidents were reviewed to identify any actions that could reduce the risk of a similar incident happening again.

People were protected by the provider's recruitment procedures. Staff understood their role in protecting people from abuse and knew how to report any concerns they had. People's medicines were managed safely.

Additional infection control measures had been implemented to protect people and staff during the pandemic. These measures included the use of appropriate personal protective equipment (PPE), more frequent cleaning of the home and ensuring staff were up to date with guidance about infection control.

Staff had the skills and training they needed to provide people's care. All staff had an induction when they started work and access to regular supervision. The manager and clinical lead helped staff keep up to date with best practice and any changes to guidance about the delivery of care.

People said they enjoyed the food at the home and could make choices about what they ate. The menu was changed regularly and people were asked for suggestions for future menus. People with specific dietary needs were referred to relevant healthcare professionals for assessment and any subsequent guidance followed by staff.

The manager and senior staff team had implemented effective quality monitoring systems. Regular audits helped ensure people received safe and effective care. Communication of important information amongst the staff team had improved. Staff were given daily updates about people's needs and any changes to their

care.

The culture amongst the staff team was positive and mutually supportive. Staff felt valued for the work they did and told us they were well supported by the manager and senior staff team.

People told us they had opportunities to give feedback about the home and the support they received. They said staff listened to and acted upon what they had to say. People told us they could speak with the registered manager or a senior member of staff if they wished.

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 requires improvement (published 4 June 2019).

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 19 April 2019. We rated the key questions Safe, Effective and Well-led required improvement.

We undertook this focused inspection to check they had made the required improvements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor the service action plan to understand what the provider will do to improve standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Alum Care Limited

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by three inspectors.

Service and service type
Alum Care Limited 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 is legally responsible for how the service is run and for the quality and safety of the care provided. The manager had applied for registration with the Care Quality Commission.

Notice of inspection
We gave the service one hour's notice of the inspection. This was because we needed to check our visit was carried out in a way which complied with the provider's policies and procedures about infection control and the use of PPE during the coronavirus pandemic.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included safeguarding referrals and notifications of significant events. We sought feedback from the local authority

and professionals who work with the service.

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

We used all of this information to plan our inspection.

During the inspection
We spoke with five people who lived and four relatives. We also spoke with the manager, the clinical lead, the regional manager, the activities co-ordinator and five nursing and care staff.

We reviewed six people's care records, including their risk assessments and support plans. We looked at five staff recruitment files, accident and incident records, quality monitoring systems and the arrangements for managing medicines.

After the inspection
The manager sent us further information, including training records, quality monitoring checks and audits. We received feedback from a healthcare professional who worked with the service.

Good

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 improved to Good. This meant people were safe and protected from avoidable harm.

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

- At our last inspection, we found risks to people were not always safely managed and that some people's care records did not contain sufficient information about their healthcare conditions.
- At this inspection we found improvements in these areas. Assessments effectively identified any risks involved in people's care and there were plans in place detailing the measures needed to mitigate these risks. For example, one person had type 2 diabetes and was at risk of experiencing hyperglycemia (high blood sugar levels). The person's care plan recorded how staff should support the person to minimise these risks through regular blood sugar monitoring and providing a low sugar diet. The person's care plan also outlined the action staff should take in the event of a hyperglycemic episode.
- Risks identified through assessment had also resulted in referrals to professionals such as speech and language therapists or dieticians for specialist advice and input. Where professional guidance had been provided, for example about the support a person needed to eat, this was included in people's care plans.
- The quality of information recorded in people's care plans had improved. Care plans were comprehensive and personalised, addressing all areas of people's lives in a way which reflected their individual needs and preferences about their care.
- There were systems in place to ensure learning took place if adverse events occurred. Accidents and incidents were reviewed to identify measures that could be taken to reduce the risk of a similar incident happening again. The management team had implemented a proactive approach to risk reduction. For example, daily meetings had been introduced at which staff could raise any concerns they had about the people they cared for, such as their skin integrity or their emotional wellbeing, with senior clinical staff.
- The provider maintained appropriate standards of health and safety at the home. The fire detection and alarm system were tested regularly as were the emergency lighting system and firefighting equipment. A fire risk assessment for the home had been carried out and each person had a personal emergency evacuation plan (PEEP) which detailed the support they would need in the event of evacuation. Some staff had been nominated as fire marshals and had attended training for this role. Equipment used in the delivery of people's care, such as profiling beds, adapted baths, hoists and slings, was checked and serviced regularly.

Staffing and recruitment

- People told us staff were available when they needed them. One person said, "There is always someone around if you need them." Another person told us that, if they needed staff support, "I never have to wait long." When people used their call bells during the inspection, we observed that staff responded quickly to meet their needs.
- The number of staff deployed on each shift was determined by assessing people's individual needs. These assessments were regularly reviewed to ensure staffing levels remained appropriate.
- The manager told us staff retention had remained good throughout the COVID-19 pandemic, which meant

people received consistent care. Some staff lived on site, which enabled them to respond should additional staffing be needed urgently. The service had access to agency nursing and care staff to supplement the permanent staff team if necessary.
People and their relatives confirmed the staff team had remained consistent during the COVID-19 pandemic and said staff had worked hard to provide people's care during that period. One person told us, "They have done remarkably well during COVID. A lot of carers have done fantastic jobs." A relative said, "They have worked hard to keep a regular team. They hardly ever use agency [staff]. The staff are very good. They do a sterling job."
● The provider carried out appropriate checks before staff were employed. This included obtaining references, proof of identity and address and a Disclosure and Barring Service (DBS) certificate. The DBS enables employers to check whether an applicant has any criminal convictions or has been barred from working with adults receiving care.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe at the home and with the staff who provided their care. Staff had a good understanding of their responsibilities in protecting people from the risk of abuse. They were able to describe the types of abuse people may experience and the action they should take if they became aware of abuse or poor practice.
● Staff told us they would feel able to speak up if they had concerns about abuse and were confident these would be taken seriously. They knew how to escalate concerns outside the home if they felt issues were not responded to appropriately.
● If concerns about people's safety or well-being had been raised, the provider had taken appropriate action in response. For example, when concerns were raised about an agency care worker's conduct in September 2020, the provider removed the care worker from the service and notified the police, local authority, next-of-kin and the CQC about the incident.

Using medicines safely
● People's medicines were managed safely. Staff responsible for medicines administration received relevant training and their competency was regularly assessed. There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines stocks and administration records were checked and audited regularly.
● Medication profiles contained information for staff about the medicines people took, including the reason for administration and any potential side effects. Medication profiles also recorded any allergies people had to particular medicines. Where people had been prescribed medicines for use 'as required' (PRN), there were clear instructions for staff about how, why and when these should be used.
● If people chose to manage their own medicines, staff had carried out risk assessments to ensure people were supported to do this safely. Some people had been prescribed covert medication (medicines administered without their knowledge). Where this was the case, people's care plans contained guidance for staff about how people's medicines should be administered and there was evidence that an appropriate best interests process had been followed.
● The provider had recently introduced a new electronic medicines management system. We heard from staff and a healthcare professional how this had improved outcomes for people who lived at the home. A member of staff told us, "The system is more organised; it's better for us. We can see more things and monitor. It will highlight if something goes wrong so we can address it straight away." A healthcare professional said, "Moving to an electronic medicines administration system, working closely with the practice and our new clinical pharmacists, and now hopefully implementing proxy-access to repeat prescriptions, have all been significant improvements to safety and quality of care for patients."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We 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.

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 Requires Improvement. At this inspection this key question has improved to Good. 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; Staff support: induction, training, skills and experience

- At our last inspection we found the service was not always working to best practice and did not have clear policy guidance in place for all aspects of people's care.
- At this inspection we found people's care was provided and monitored using nationally recognised clinical tools and assessments. For example, the Malnutrition Universal Screening Tool (MUST) was used to identify people at risk of malnutrition and the Waterlow assessment tool to monitor the risk of pressure damage.
- Staff had the skills and training they needed to provide people's care. All staff had an induction when they started work which included mandatory training and 'shadowing' colleagues. Care and nursing staff had opportunities to maintain their skills in areas relevant to their roles. For nursing staff this included the management of gastrostomy tubes, catheters and syringe drivers. Care staff were expected to achieve the Care Certificate, a set of nationally recognised standards for social care staff.
- The manager and clinical lead supported staff to keep up to date with best practice and any changes in guidance about people's care through handovers, team meetings and supervision. Staff told us the support provided by the manager and clinical lead enabled them to carry out their roles effectively. A nurse told us, "We have clinical supervisions one-to-one or group supervisions where we go through what we can do better." A member of care staff said, "The management team always remind us of expectations but in a positive way."

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

- People told us they enjoyed the food provided at the home and had sufficient choice about what they ate. One person said, "The food is very good. We have plenty of choice." Relatives told us the food at the home reflected their family members' needs and preferences. One relative said of their family member, "He eats very well here. He enjoys the food, you can tell that, and if he doesn't want what's on the menu, they will find him something else."
- The home's menu was changed seasonally and people were asked for their input into the development of future menus. The chef had liaised with the activities manager to arrange food themed events, such as an Indian food night, a barbecue and a baking competition, which people were encouraged to enter. A 'breakfast club' took place once a week where people were encouraged to make their own breakfasts and socialise with others.
- People who wished to prepare their own food were supported to do this. Some people's accommodation included kitchen facilities, which enabled them to prepare their own meals. One person had designed a specific menu plan they wished to follow. The home did not routinely stock the items the person wished to

include on their menu but obtained them to support the person's food choices.
● If people's nutritional assessments identified that they had specific dietary needs, referrals had been made to relevant healthcare professionals, such as a speech and language therapist. Any guidance from healthcare professionals, for example about the consistency of food and fluids, had been incorporated into people's care plans.
● Information about people's nutritional needs was communicated effectively to catering staff and we saw that people received their food and drink in the way their care plans specified. If people needed support to eat and/or drink, we saw that staff provided this support in line with the guidance in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The home had established effective working relationships with other professionals involved in people's care, including speech and language therapists, occupational therapists and the local GP surgery.
● If people had developed needs which required specialist healthcare input or treatment, their care records contained evidence of effective communication with specialist healthcare professionals. Staff had worked closely with the local hospice when caring for people at the end of their lives.

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.

● We found that people's care was being provided in accordance with the MCA. People's capacity to consent to their care and to live at the home had been assessed. Mental capacity assessments had also been carried out when restrictions such as bedrails and wheelchair lap belts were necessary to provide safe care.
● If people lacked the capacity to consent, there was evidence that their best interests had been considered appropriately and that applications for DoLS authorisations had been made to the supervising authority where necessary.
● Staff demonstrated a good understanding of the principles of the Act and how it applied in their day-to-day work. One member of staff told us, "It is important to know that people may have capacity in some areas and lack capacity in others or have fluctuating capacity. This is why you should never assume someone doesn't have capacity." Another member of staff said, "[Mental capacity] assessments are completed by management. I would never restrict someone who has not been formally assessed and best interests had been considered. It's illegal and also completely against someone's human rights."

Adapting service, design, decoration to meet people's needs
● People had access to suitable indoor and outdoor space. Adaptations were in place where necessary to ensure the home was accessible to all. Communal rooms were spacious and comfortable, and the home

had a large, well-maintained garden, which people told us they enjoyed. One person said, "We are lucky to have such a fantastic garden."

● Access to some of the communal rooms had necessarily been restricted during the COVID-19 pandemic. However, these had recently been reopened following changes to government guidelines. People told us they appreciated being able to access the communal areas again as this enabled them to mix and socialise with others. One person said they preferred having their meals in the dining room in the company of other people. Another person told us, "We are enjoying having the conservatory back."

● Visits from families and organised activities had also been affected by restrictions due to the pandemic. These had also restarted since recent changes to government guidance. The provider had implemented measures which enabled visits to take place safely.

● People told us they were able to choose how they wanted their bedrooms to look. They said they could spend time alone if they wished and that staff respected their privacy.

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 improved to Good. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- At our last inspection, we found work was required to improve the quality of care plans and other records. At this inspection, we found evidence of improvement in these areas. People's care plans were personalised and reflected their needs and preferences about their care. Care plans contained clear guidance for staff about how to provide people's care and were reviewed regularly to ensure they remained accurate and up to date.
- The manager and senior staff team had implemented effective quality monitoring systems. Regular audits helped ensure people received safe and effective care.
- The manager and senior staff team understood their responsibilities under the duty of candour ensured lessons were learned from incidents. For example, one person had been taken to hospital from the home with incorrect documentation. Since the incident, action had been taken to ensure this did not happen again. A senior member of staff told us, "We made it simpler to print out the hospital passport from the system. Before it was in paper form in the resident's file. Plus we have a process of two staff checking right documentation, right person."
- A healthcare professional told us the manager and clinical lead had strengthened the leadership of the service and were committed to continuous improvement. The healthcare professional said, "Since [manager] and [clinical lead] have taken on the leadership, I have seen many positive changes in the home. As leaders they are always focused on the health of their residents and willing to adjust and improve."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection, we identified further work was required to embed improvements in the culture within the service. At this inspection, we found the culture amongst the staff team was positive and supportive.
- Staff told us the manager and senior staff team were approachable and supportive. They said the manager and senior staff communicated effectively and had improved the sense of teamwork and collaboration within the staff group. One member of staff told us, "The new manager and the [senior staff] team have been excellent. There has been a lot of improvements. Communication is a lot better and the

teamwork is so much better than before." Another member of staff said, "Everyone helps each other now; we all work very well together. The teamwork has really improved."

● Staff told us the manager was a positive role model and led the service by example. One member of staff said, "Even though she has stepped into the manager role, during the pandemic she was the first to be there for the clients and for the safety of everyone. She set a great example." Another member of staff told us, "It is comforting to know that, if you have a problem, she will drop everything to help you."

● People told us they had opportunities to give feedback about their care and that their views were listened to. People said they saw the manager regularly around the home and told us they could speak with the manager if they wished.

● Residents' meetings had taken place regularly prior to coronavirus, although had necessarily been suspended during the pandemic. People told us residents' meetings were useful opportunities to give feedback about the service and their feedback was listened to. One person said, "They do ask our opinions. When everything was normal, they had regular residents' meetings." People's friends and families were able to give their views about the care their loved ones received via satisfaction surveys.

● Communication amongst the staff team had improved, which meant people received more consistent support. Daily meetings had been introduced in addition to the morning handover which provided staff with up-to-date information about people's needs and any changes to their care.

● Staff told us the manager encouraged their suggestions about how people's care could be improved and listened to any concerns they had. One member of staff said of the manager, "She listens if we have a concern or a new idea." Another member of staff told us, "The atmosphere has changed. You are not scared to raise anything. You are always getting support from the managers. The clients and staff are happy and it is a very nice environment to work in."

Working in partnership with others

● The provider had communicated with the local authority and CQC since the last inspection to ensure commissioners and the regulator were kept up to date about progress towards improvements.

● The manager and senior staff team had formed effective working relationships with relevant external stakeholders and agencies. They worked in partnership with key organisations to support service development and joined-up care.

● A healthcare professional told us staff worked collaboratively with them and other professionals to monitor people's care and hoped to further involve people's families in reviewing their needs. The healthcare professional said, "[Clinical lead] and I have started combining our routine six-monthly reviews of residents together with a senior clinical pharmacist and, with the help of Microsoft Teams, we can hopefully bring in family and other members of the [staff] team to these reviews."