

Cuerden Developments Ltd

Cuerden Developments Limited - Alexandra Court

Inspection report

Alexandra Court
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alexandra Court is an intermediate care home providing a time limited period of assessment and rehabilitation for people who have had a hospital admission but are not ready to be discharged home safely. It is a purpose built two storey building with bedrooms on both floors. There is a car park at the front of the home. It is located in Pemberton, near Wigan and is close to shops and public transport links. The service can support up to 40 people and was providing care to 33 people at the time of the inspection.

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

The service managed safeguarding concerns appropriately and staff were aware of how to recognize and report any issues. Systems for managing medicines were safe and staff had completed appropriate training.

Individual risks were assessed and monitored. Appropriate health and safety certificates were in place and up to date. Measures were in place to help ensure the safety of people using the service. We were assured infection control and prevention measures were appropriate and effective.

People's care needs were thoroughly assessed and their care plans included relevant health and personal information. A system had been implemented to ensure audits were accurately recording and addressing any shortfalls identified. Complaints were dealt with in a timely and appropriate way.

The service engaged well with people who used the service and their relatives. Staff felt well supported by the management team and had regular meetings and one to one supervision sessions. The service worked well with a number of other professionals and agencies.

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 (published 7 January 2021), with a recommendation around record keeping. At this inspection the rating has remained good and the recommendation had been met.

Why we inspected

This was a planned inspection based on the previous rating.

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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 one inspector.

Service and service type

Alexandra Court is an intermediate '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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

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

During the inspection

We spoke with four people who used the service and one visiting relative about their experience of the care provided. We spoke with four members of staff including the registered manager, the clinical lead, a nurse and a support worker. We also spoke with a health professional at the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted another health professional who regularly visits 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and processes in place to help ensure people were safeguarded from the risk of abuse.
- The safeguarding policy and procedure was appropriate and up to date.
- The service kept a safeguarding log and monthly meetings were held with the local Clinical Commissioning Group to discuss these concerns and add updates and actions.
- Staff had completed safeguarding training and those we spoke with were confident of the procedures to follow if they had any concerns.

Assessing risk, safety monitoring and management

- Individual risks were appropriately assessed and monitored throughout people's stay at the service.
- All appropriate health and safety certificates were in place. Safety checks were regularly completed and records were up to date.

Staffing and recruitment

- Staffing and recruitment were managed safely at the service.
- The staff files we looked at included all appropriate documentation to help ensure safe recruitment.
- Rotas evidenced appropriate staffing levels and people felt there were sufficient staff. One person told us, "Could be more staff, but they come quickly when I press the buzzer and they are always cheerful." Another person said, "They come quickly when I press my buzzer. There seem to be enough staff."
- Staff we spoke with felt they were able to cover for sickness and leave. One staff member told us, "Staffing levels are OK, we always have enough staff. We usually cover any sickness amongst ourselves."

Using medicines safely

- Medicines were managed safely at the service. One person told us, "Medicines are given safely and on time. They are all measured out."
- The medicines policy and procedure was appropriate and up to date.
- Staff completed medicines training and competence checks were undertaken regularly to help ensure their skills remained current.
- Medicines supervisions were completed with staff as another way of ensuring knowledge and understanding.
- Medicines records were complete and up to date. Regular medicines audits were completed and any issues identified addressed with appropriate actions.

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.

Learning lessons when things go wrong

- The service ensured lessons were learned from any issues identified.
- An accident and incident log was completed and actions put in place where necessary to prevent further similar issues.
- The service ensured complaints were analysed so that lessons could be learned and improvements made where appropriate.

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 recommended the provider reviewed their record keeping, reflecting the practices, processes and systems in place. The provider had made improvements.

- Managers at the service understood quality performance, risks and regulatory requirements.
- The service worked closely with the local CCG with regard to quality assurance.
- Records were clear and accurate and included all appropriate information.
- The provider had implemented a system where audits were regularly checked to ensure actions to address any shortfalls were clearly documented.

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

- The culture promoted by the service was person-centred and staff worked with people to help them reach their personal goals and desired outcomes.
- The service was inclusive and empowering. One person, who had particular cultural requirements, was supported with these to help ensure the best outcome for that individual.
- A health professional we spoke with told us the registered manager is always willing to challenge other professionals when the good of an individual is at stake.

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 understood the duty of candour. For example, responses to complaints were open and honest.
- The service's statement of purpose clearly outlined their philosophy of care and included guidance around how to make a complaint or raise a concern.
- People were aware of who the manager was and were confident to speak with her if they needed to. One person told us, "I have met the manager and I know her name."

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

- Staff engaged well with people to help ensure they felt involved with their care and support.

- People told us they got on well with staff. One person said, "All lovely staff, they seem to respect us. If I need a cup of tea I just have to ask". A relative told us, "[Name] looks well so must be looking after him well. [Name] looks like a different person since he came in."
- Service user satisfaction questionnaires were completed and recent ones indicated a high level of satisfaction. Comments included; "The staff were very helpful and pleasant and made my stay as comfortable as possible"; "My stay at Alexandra Court was excellent" and "All staff were very helpful and friendly."
- Any negative comments received were followed up with actions where possible.
- Relatives were contacted with any relevant information about their loved one. The service also ensured relatives were aware of current visiting arrangements and guidelines with regard to PPE and COVID-19 requirements.
- Staff had regular meetings and one to one supervision where discussions around work, training and development were held.

Continuous learning and improving care

- The service ensured continuous learning and improvement to support was facilitated.
- A number of monthly surveys and audits were completed and followed up with actions where required. For example, call bells were audited to see how long it took staff to respond. If the response time was too long this was looked into to see how it could be improved.

Working in partnership with others

- The service worked in partnership with a number of other professionals and agencies.
- Health and social care professionals we contacted felt the management and staff worked well with them. One professional told us, "We are working really close with Alexandra Court and make contact each week. I feel Alexandra Court work well with us and are happy to provide regular updates."