

Cambridge Housing Society Limited

Alex Wood House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Alex Wood House is registered to provide accommodation and non-nursing care for up to 36 people. There were 34 people living in the home at the time of the inspection. The building has two floors and is split into small units.

This unannounced inspection took place on 29 June 2015. The previous inspection was undertaken on 11 February 2014 and we found that the provider was meeting all the legal requirements that we looked at.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to

manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medication as prescribed and safe practices had been followed in the storage, administration and recording of medication. When there had been any errors in the administration of medication these had been identified and dealt with appropriately.

The requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were

Summary of findings

being followed. This meant that where people were being restricted from leaving the home on their own to ensure their safety, this had been done in line with the legal requirements.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way.

People confirmed and we saw that there were enough staff available to meet their needs. The recruitment process was followed to ensure that people were only employed after satisfactory checks had been carried out.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed.

Care plans and risk assessments gave staff the information they required to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

The registered manager obtained the views from people that lived in the home, their relatives and staff about the quality of the service and action taken if any improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received their medication as prescribed and systems were in place to ensure that the recording and administration of medication was accurate.

Staff were aware of the procedures to follow if they suspected that someone was at risk of harm.

Thorough recruitment practices had been followed before people were employed to ensure that only the right people were employed.

Good



Is the service effective?

The service was effective.

Staff were supported and trained to provide people with individual care.

People had access to a range of health services to support them with maintaining their health and wellbeing.

Correct procedures had been followed where people were having their liberty restricted to ensure that they were kept safe.

Good



Is the service caring?

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to privacy and dignity were valued.

Good



Is the service responsive?

The service was responsive.

People and their relatives were invited to be involved in the planning and reviewing of their care.

Care plans contained up to date information about the support that people needed.

People were aware of how to make a complaint or raise any concerns.

Good



Is the service well-led?

The service was well-led.

Staff felt confident to discuss any concerns they had with the manager and were confident to question colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

Good



Summary of findings

Robust audits and actions plans ensured that the quality of the service provided was being constantly reviewed.

Alex Wood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 June 2015 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give

some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners to obtain their views about the service.

During our inspection we spoke with ten people who lived at Alex Wood House, two relatives, seven care assistants, the cook, the lead practitioner and the registered manager. We looked at the care records for three people. We also looked at records that related to health and safety. We looked at medication administration records (MARs). We also observed how the staff supported people.

Is the service safe?

Our findings

All people spoken with said they felt safe. One person told us, "I feel perfectly safe here." Another person said, "It's very nice. I feel safe." Another person told us, "I feel very safe. I wake up in the night and I feel quite happy."

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Information about how to raise a safeguarding concern was visible on noticeboards throughout the home.

Assessments had been undertaken to assess any risks to the person and to the staff supporting them. The risk assessments included information about the action to be taken to minimise the chance of harm occurring. For example, one person liked to have a hot water bottle to help with their pain so there were clear guidelines about how staff should fill it up to ensure that the person did not suffer any burns.

We saw that there were a sufficient number of staff working on shift. Staff had time to sit and talk to people and engage them in activities. People told us that there was normally enough staff on shift to meet their care needs in a timely manner. A relative told us, "There are enough staff." The registered manager stated that if people's needs increased then the staffing levels would be increased and this would be monitored daily. The staffing levels were also reassessed each week at the senior managers meeting.

Staff told us that when they had been recruited they had completed an application form and had, attended an interview. References and criminal records checks had been completed before they were employed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in home.

People confirmed that they received their medication on time. Staff told us that they had completed administration of medication training and that their competency to administer medication was regularly assessed. The records of medication administered showed that people had received their medication and reflected what people had told us. We saw that the lunch time medication round was carried out in a safe manner. The team leader administering the medicines wore a 'do not disturb' tabard, spoke to people at eye level, sought consent to administer medication, reminded people what medication they were taking and checked that people had taken their medication before signing the medication administration record.

Personal emergency evacuation plans were available in the Team Leaders office and all staff could explain the fire procedure. Fire drills had been carried out regularly. Contingency plans were in place for any emergencies that may occur. Staff held a key for a local church hall in case they needed to evacuate the home for any reason.

Is the service effective?

Our findings

One person told us, “The staff are very good. I would say they are well trained.” One staff member told us, “There are good staff here. The managers are really good, so is the training.”

Staff told us that the training programme equipped them for their roles. People and their relatives confirmed that the staff were well trained and we observed that staff knew how to meet people’s needs. Champions for key topic areas within the home had been identified and staff had been provided with extra training to fulfil these roles. The noticeboard at the front of the home provided information on the Champions and people with key responsibilities; e.g. 5 dementia champions, Leads for Continence, Nutrition, Equipment, Activities, Hearing, Medication Trolley and Medication Audits.

New staff completed a thorough induction and the training record showed that most staff were up to date with their mandatory training, or this was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time such as pressure ulcer management, team leading principles, aggression in the workplace, repositioning products and the virtual dementia tour.

Staff told us that they felt supported. There was a calendar of supervisions/observations/team meetings on display for 2015 and we noted that all sessions planned had been undertaken.

Although staff were not consistently able to demonstrate an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) they were able to tell us how they sought consent and offered people choice. Observations showed staff treated people with empathy and respect and tried to involve them in decisions. The Lead Practitioner was knowledgeable about MCA & DoLS and we saw that applications for DoLS had been made to the local authority when required.

Lunch time was pleasant, relaxed and managed efficiently. People were offered choices and enjoyed their food. One person told us, “The food is good.” Another person told us, “The food is very good”. The cook was knowledgeable about special diets and people’s preferences and we saw that people were encouraged to give honest feedback

about the food. One person told us, “I am a vegetarian so I am a bit restricted. They cater for me ok.” Another person told us, “The food is alright. I am on a special diet, I have it pureed. I have a lot of soup as well. I am not going without”. During lunch one person commented, “I don’t like it.” The person was unable to express an alternative that they may be interested in and the cook was consulted. Tomato soup was offered and the person seemed pleased with this suggestion. The cook spoke with another person who was not eating their food. He told the cook he didn’t like the food and a number of alternatives were offered, however the person declined. The cook and staff checked with the person several times over lunch time whether they would like anything else. One person told us, “I don’t always like the food but I can ask for something different.” The Cook knew people by name and went round offering people seconds. During lunch staff interacted kindly with people and were attentive to their needs. People were regularly offered their drinks to be topped up.

The registered manager told us that due to the hot weather people were being offered drinks on an hourly basis.. We saw that hot and cold drinks were offered throughout the day. Staff were patient whilst people made their choice and always offered a choice of biscuits. Although no one was currently on food or fluid charts the lead practitioner and team leader were clear about when food and fluid charts would be introduced. A relative told us, “Staff have worked hard to get [relatives] weight up (following a stay in hospital in November 2014). They put food and fluid charts in place.”

People told us that when they needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. One person told us. “It can be arranged to see a doctor.” Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. The manager and staff told us that there was a close working relationship with the local GP surgery and District Nurse.

The home was well maintained. The environment was fit for purpose and there were some notable features such as the sensory room, 1950s room and dementia friendly artwork. The outdoor space was very well presented and we observed people made good use of the space.

Is the service caring?

Our findings

All of the people that we talked with were complimentary about the staff. One person said, “The staff are very nice, good hearted.” A relative told us, “They are brilliant here, very sensitive to people’s needs.” Another person stated, “The staff are very kind. I have never found fault with the staff”

A care assistant told us, “People get good care here. There is plenty of choice. They seem happy. There is a lot going on. I would be happy for a relative to be here.”

We observed a kind and caring chatter between staff and people who lived at Alex Wood House. Staff addressed people courteously using first names. One person told us, “The staff are very nice. They help me in the morning and evening, and also with medication.” Staff demonstrated an understanding of how to meet people’s needs. They spoke about and behaved with empathy towards people living with dementia. For example, one lady was comforted by a doll and there was access to a Moses basket and blanket. The doll was clearly very real to this person and staff demonstrated great empathy and understanding with the person’s reality at the time. We also observed at the end of lunch a gentleman wanted to go outside to check the vegetables and put birdseed on the table. A member of staff who spoke with the person respectfully and encouraged him with this task. People recognised the staff and responded to them with smiles.

Although staff were busy they did not rush people and were polite and friendly. We saw that people felt happy to move freely around the home and could choose if they wanted to join in with any activities that were taking place. Staff had time to sit and talk to people throughout the day.

Staff asked people their permission before moving any of their belongings such as a walking frame. Staff also explained to people what they were doing when they helped them with their mobility such as carefully guiding them to sit down in to a chair.

People were treated with dignity and respect. People told us that staff closed doors when providing support with personal care and kept them covered up when possible. They also told us that staff knocked on people’s bedroom doors and waited for an answer before entering. We saw this happening on the day of the inspection.

Care plans had been written in a way that promoted people’s privacy, dignity and independence. For example, one person’s care plan stated they preferred the staff to carry out their personal care as they were quicker at it but that they should be encouraged to do it themselves. People and their relatives had been encouraged to take part in making decisions about their care and support. One relative told us, “We have an official care plan review once a year, but we have a meeting when we need one.” They also stated, “The staff are very accessible. If I am worried about anything I can check up.”

We observed a relative interact with the team leader about their relative who had been in hospital for a few weeks. The team leader kindly responded to their questions and ensured that they were able to find some items from their relative’s room to take to them. The relative told us, “The care is excellent here.”

Is the service responsive?

Our findings

Staff were able to tell us how they supported people to make choices. People confirmed that they could make decisions about what time they wanted to get up and go to bed, what they had to eat and how they choose to spend their time. This showed us that people could make choices about things that affected them.

Records showed that people's needs had been assessed before they moved into the home. Care plans were in place for each person which included information about what areas of their lives people needed support with. The care plans were detailed and included the information that staff required so that they knew how to meet people's individual needs. For example, one care plan included the information that the person liked to get themselves dressed but needed help with specific items of clothing. The care plan's included information about people's personal history, likes and dislikes and interests.

Communication between staff was good and the handover from one shift to the next was prompt and effective. A brief written and verbal update was given on all people e.g. an update on the person in hospital, any samples for people sent to the surgery, the doctor being called out and anyone who needed regular checking. We also observed the handover from the in-coming Team Leader to the in-coming staff.. This was clear and thorough. Staff were reminded to encourage fluids because of the hot weather and reminded about good practice in completing daily notes. This meant that staff were aware of and could respond to people's changing needs.

Staff planned and co-ordinated activities for people according to their interests. Staff told us that although

there was an activities schedule, which was adapted according to people's preference and mood each day. We saw this happening on the memory lane unit. Some people choose to join in with a "sing a long" whilst others looked through books and others were involved in craft activities. There was also a visit from, 'Pets as therapy dogs' which people looked like they were enjoying. Some people were enjoying a quiz in another area of the home. There were shelves stacked with board games and jigsaws for people to help themselves or ask staff to get them down. During the afternoon people were supported with jigsaw puzzles and a second quiz at their request. The laundry assistant told us that one person enjoyed regularly helping out by making any repairs or sewing labels in clothes. There were enough staff to offer people company and stimulation during the day. Staff engaged with people well and did not miss opportunities for engagement.

Throughout the inspection we saw that visitors and relatives were welcomed by staff as they arrived. Visitors and relatives told us they could visit at any time and could see their relative or friend in the communal areas or in private.

People told us they were aware of how to make a complaint and were confident they could express any concerns. A complaints procedure which was displayed throughout the home. One person told us, "I have never had to make a complaint but I am sure I could." Another person told us, "I did make a complaint when I first came. It was dealt with." Staff were aware of the procedures to follow if anyone raised any concerns with them. We looked at the complaints log and found that all complaints received and been dealt with appropriately and in line with the procedure.

Is the service well-led?

Our findings

The registered manager had been in post for over ten years and was very knowledgeable about the service and current best practice. We were told by people who used the service and staff that the registered manager was approachable. One member of staff told us, “Managers [management team] are very good and caring. They are concerned about the welfare of people.”

There was a good atmosphere at Alex Wood House and staff took pride in their work. Staff understood their lines of accountability. They confirmed that they received regular supervision and felt supported. Staff told us they enjoyed working in the home and that they would be happy for a relative to live there.

The registered manager told us that she ensured that staff had the training they required. The registered manager also observed each staff members working practice every three months to ensure that they were working in line with the aims and philosophies of the home and best practice guidance. The registered manager also attended training and attended local meetings with other home managers to ensure that they remained up to date with changing legislation.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider’s whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

Management and team leaders meetings were held every Monday morning to discuss any issues/concerns about people living in the home and any staff issues. Regular staff meetings were also held. Staff confirmed that they could add to the agenda for staff meetings and make suggestions

for improvements. One member of staff told us how they had suggested having smaller care plans in people’s bedrooms that could be used as reference documents. They said the registered manager had agreed to trial this and it had been successful and these were now in place.

Care staff told us that they felt supported by the management team and if they had any concerns they could talk to them about it. One member of staff told us, “People get good care. Staff are really dedicated and team work is strong.”

The registered manager carried out monthly audits. Audits looked at a wide number of areas including medication, health and safety and care plans. This helped to identify any improvements that were needed. In addition to the monthly audit, an annual audit had been completed by an external person. This had resulted in suggestions for improvements including a change to the safeguarding flowchart. This had been completed. The home had also received regular quality assurance visits from members of the senior management team, the provider’s board and another care home manager.

Meetings with the people living in the home were held so that they could make decisions about things that affected them such as the menus, activities and trips out. The meetings also provided people with the opportunity to raise any concerns they may have. Questionnaires had recently been sent out to people and their relatives for feedback on the quality of the service. A report was to be made available once the questionnaires have been analysed.

There were strong links with the local community. Local schools visit regularly, local shops supported fundraising events and activities and religious leaders come into the home and conducted a service once a month.