

Burlington Care Homes Limited

Alexandra Court Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alexandra Court Care Centre is a residential care home providing personal and nursing care. The care home accommodates 72 people across three separate areas. The ground floor has 32 bedrooms for people with residential care needs. The first floor has 20 bedrooms for people who need nursing care and a separate wing with 20 bedrooms to care for people living with dementia. At the time of the inspection, there were 23 people receiving personal care, 11 receiving nursing care and 18 people living with dementia.

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

The provider and registered manager had made improvements in how the service was overseen and managed. These improvements were in areas such as staffing levels, risk management, accurate and up to date recording, and ensuring people received person-centred care. However, these improvements now needed to be sustained and more analysis was needed about medicines management. We have made a recommendation regarding this.

Although there had been improvements in some areas of medicines management, not everyone had received their medicines as prescribed, which could affect their treatment.

Staff knew how to safeguard people from the risk of harm and abuse. They completed training and followed risk assessments to help minimise accidents and incidents from occurring.

There were positive comments about the staff team and their approach when supporting people. They were described as kind and caring. Staff supported people to maintain their privacy and dignity. 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.

People had their needs assessed and care plans were developed. These described people's needs and gave staff guidance in how to meet them in ways they preferred.

People's health and nutritional needs were met. Staff ensured people saw health professionals in a timely way. The menus provided people with choices, alternatives and special diets when required.

Staff were recruited safely, and they received appropriate training, supervision and support.

The provider had a system to manage complaints. People were aware of how to complain and told us any concerns would be listened to and addressed.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 26 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made. However, the provider remains in breach of one regulation.

This service has been in Special Measures since 2 May 2019. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continued breach in regulations in relation to the management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alexandra Court Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of three inspectors and an Expert by Experience on the first day. There was one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alexandra Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

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 this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, a nurse, a team leader, a senior care worker, three carers, two activity coordinators and the cook on duty. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, staff supervision data and quality assurance records. We received information from four health professionals who regularly visit the service and spoke with an additional member of staff.

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

Using medicines safely

At our last inspection, the provider had failed to have systems to safely manage medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of regulation 12

- A significant number of people had not always received their medicines as prescribed since the last inspection; each instance was the result of staff making mistakes in the dose, omitting medicines in error or being late with administrations.
- Staff were honest when mistakes were made but most medicines errors were identified in audits; corrective actions were taken as soon as possible. Following individual staff errors, the registered manager ensured they received re-training, competency assessments, supervision meetings and disciplinary action.
- There were good systems in place for auditing, ordering and storing medicines.

Systems were either not in place or robust enough to demonstrate the safe administration of medicines. Whilst we found no-one had experienced harm, there was the potential for this to occur if improvements were not made. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained good explanations of the control measures for staff to follow to keep people safe.
- The environment and systems in relation to risk areas had been addressed by the provider. Formal checks

of the building and equipment safety were completed. The providers audit process included a system to ensure such checks were completed.

- Two relatives described measures put in place by staff to support their family member and minimise specific risks.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there was always enough staff on duty. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 18.

- There was enough staff to support people safely. The number of people who lived in the service had decreased since the last inspection. The registered manager told us when new admissions arrive, the staffing levels will be increased.
- Staff said that overall there was enough of them on duty to support people safely; there were no staffing concerns with the nursing unit and residential care unit. Staff on the dementia care unit said there was a very busy period first thing in the morning, when the senior was administering medicines. The registered manager said they would speak with staff about this and ensure additional support during this time.
- People confirmed there was enough staff to support them. Comments included, "Sometimes they'll pop their head round and say I'm just busy, but I'll be here in two minutes. They do come back" and "It seems to be a pretty good call bell response."
- The provider had a safe recruitment system. Full checks were carried out before new staff started to work in the service.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff completed safeguarding training and had policies and procedures to follow should they have concerns. The registered manager and staff knew what action to take to keep people safe, and how to raise any concerns.
- People told us they felt safe in the service. Comments included, "I'm safe, no one can get in and out and I'm comfy." A relative said, "She's definitely safe, we have no worries when we're not here."

Preventing and controlling infection; Learning lessons when things go wrong

- The service was clean and tidy, and there were systems in place to prevent the spread of infection.
- Domestic staff had cleaning schedules, which were overseen by management. Staff had access to items such as gloves, aprons and hand sanitiser to help prevent the spread of infection.
- The service had been assessed by a specialist infection prevention and control nurse in April 2019 and an environmental health officer in November 2019. Recommendations were made and most of these had been addressed by a refurbishment plan and by improving and monitoring staff practices, for example hand hygiene.
- Accidents and incidents were analysed to help prevent reoccurrence.

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

At our last inspection, the provider had failed to monitor and manage people's health concerns. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of this part of regulation 12.

- There were improvements in how people's needs were assessed and kept under review, and how care was monitored and delivered by staff.
- People and their relatives were positive about improvements in the delivery of care. They said they attended reviews and discussed how care was delivered. Comments included, "At the time of the last inspection, we had a few issues. They have really tried to put things right. There are still occasional issues, but I go and see the managers and they sort them out" and "There have been improvements; last time they [relative] were late getting up in the morning but on the whole it's much better."
- Staff worked well with other health professionals involved in people's care.
- Health professionals said staff contacted them in a timely way. Comments included, "On recent visits to the home there has been much improvement observed; care plans are very descriptive and reflective of the individual's needs" and "The staff nurse has referred several patients and my interactions with them have always been professional. They appear to have good relationships with patients and referrals have been appropriate."
- People had access to a range of health professionals when required. Comments included, "They do get me a doctor and a dentist. The chiropodist comes every two months." Relatives said, "They are quick to get a doctor. I've seen the dentist here checking people's teeth."

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

- People's nutritional needs were met. People had assessments of their nutritional needs and those at risk were monitored. They received advice and treatment from dieticians and speech and language therapists.
- People told us the new cook had made a big difference in the quality and presentation of the meals. Comments included, "I'm perfectly happy and I get plenty of selection. They did poached eggs on toast just

for me last night", "I can eat what I want, I get this snack mid-morning" and "The food is quite nice; it's all good and it's made here on site". A relative said, "The food is good, and she eats really well. She enjoys her food here and they get good portions" and "There's a good variety and they get options."

- The menus provided choices and alternatives to people. The cook told us the menus were under review and discussions were to take place with people to ensure their suggestions were included.

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.

- The provider continued to work within the law when supporting people who were assessed as lacking capacity to make their own decisions.
- The provider and registered manager made appropriate applications for DoLS. They kept the DoLS authorisations under review and made timely referrals when they were due to expire.
- Staff's understanding of consent had improved. They gave examples of how they gained consent before delivering care to people and the actions they took when people declined care. These included returning later, using different staff and approaches, and ensuring senior staff were aware.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff received training and support. The induction of new staff included shadowing experience and three training days.
- Training records showed staff completed a range of training suitable for their role.
- People told us staff knew how to look after them. Comments included, "They're trained okay, they're very kind and polite." Relatives said, "They appear to be well trained" and "Staff seem to know what they're doing; they're always checking how she feels."

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

- The service was adapted to meet people's needs.
- Since the last inspection, improvements had been made to the unit for people living with dementia. This included increased signage and sensory equipment. For example, one corridor had a garden theme and as people walked past window boxes, bird song was triggered. A second corridor had a beach theme and the registered manager told us they were awaiting coastal sound equipment to be delivered.
- The service had a range of moving and handling equipment, grab rails and wide corridors for people who had mobility difficulties.

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.

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

- The way staff cared for people and the approach they used when speaking to them had improved since the last inspection.
- People told us they liked the staff and they were treated with kindness. Comments included, "They give me a bed bath every day, they even wash my hair in bed; they are very gentle" and "Staff are very kind and friendly; they really are caring." Relatives said, "I come every day and staff attitude is great; I have no qualms about that" and "I hear them when they [staff] are along the corridor and they don't know I'm listening. They are nice staff."
- Staff provided examples of how they supported people with their diverse needs.

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

- Staff used various ways to ensure people were involved in decision-making. These included providing people with explanations about their care, so they could make informed choices and giving people visual choices for example with meals and clothes to wear.
- People had reviews of their care plan and meetings were held to discuss day to day care, activities and the provision of meals. Relatives confirmed they were invited to reviews and were asked for their input when assessments and care plans were completed.
- People told us staff included them in decisions. Comments included, "They are kind and they care. They listen to me" and "It suits me to get up late. If they come early to see to me, I send them away and they come back later." A relative said, "They ask her how she'd like to do things."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their privacy, dignity and independence as much as possible. Care plans reminded staff to respect dignity and described what people could for themselves to ensure skills could be maintained. Staff used a 'dignity daisy' sign on bedrooms doors to advise other staff and visitors that personal care was being delivered.
- There were positive comments from people about the staff approach. Comments included, "They always cover me with a towel when they're seeing to me" and "Staff make sure my dentures are cleaned." Relatives said, "They seem to encourage her by taking their time and letting her make her own decisions, for example with walking."
- Visiting health professionals told us they had witnessed staff supporting people to maintain their dignity. They said, "The nurses have always promoted privacy and dignity during my visits" and "There has been positive feedback from relatives at reviews."

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.

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

At our last inspection, the provider had failed to ensure the delivery of person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 9.

- People received personalised care, which met their assessed needs.
- Care plans had improved and contained good information, which guided staff in how to care for people in ways they preferred. For example, one care plan described the support a person needed when they became anxious or distressed, and gave staff approaches to try and topics to discuss.
- People gave positive comments about how the staff supported them. Comments included, "They know how I like things done." Relatives said, "One of the staff makes sure the pages are right for what's on the TV, so she can see at a glance" and "They respect mum as an individual."

End of life care and support

- People could remain in the service for end of life care with support from nursing staff or community nurses. The registered manager told us they received advice and guidance from the Macmillan nursing team regarding end of life care. Training in end of life was accessed from Dove House Hospice when available.
- People's end of life wishes were included in care plans and daily notes referred to the care and support given to people and their families.

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 registered manager was aware of accessible information standards. People's communication needs were included in assessments and care plans.
- There was a range of communication methods and aids used to assist people in making their needs known to staff. For example, the call bell system had been adapted so less dextrous people could operate it by foot. People had access to interpreter systems, easy read information leaflets, symbol cards and alphabet

boards.

- There was signage around the service and pictorial menus to assist people living with dementia. Notice boards provided information in accessible formats.

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 and encouraged to participate as much as possible.
- The service had two full-time activity co-ordinators, who produced programmes of activities. These included activities in-house, entertainers, individual one to one sessions, and visits to local facilities such as museums, a community centre and church coffee mornings. The activity co-ordinators spoke to people about their interests and previous hobbies and checked out the level of support they needed to join in activities.
- People enjoyed the activities available. Comments included, "I make birthday cards, go to the games and do bingo. Kiddies come in and we work with them on a one to one", "I get involved in the choir here, we go out and perform at other places. It was great fun with the youngsters yesterday" and "I go to church every Sunday. Staff get me ready and put me in my wheelchair." A relative said, "The activities are excellent. A person comes with their guitar and plays and sing for them" and "They do lots of gardening and things."

Improving care quality in response to complaints or concerns

- The provider had a system for managing complaints, so lessons could be learned, and practice improved.
- People felt able to raise complaints and concerns. Comments included, "If there was anything, I'd go and see [Name of registered manager]; they make me feel easy about things and would sort things out."

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 inadequate. At this inspection, this key question has now improved to requires improvement. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider had failed to ensure good governance to assess, plan, monitor and improve the quality of the service delivered to people, and to maintain appropriate and contemporaneous records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 17.

- The provider had made positive progress to address concerns identified at the last inspection. For example, improvements with safe staffing levels, management of risk, the delivery of person-centred care and the quality of care records. Improvements needed to be embedded and sustained.
- The quality monitoring system had identified most of the errors in medicine administration. However, a significant number of errors persisted despite a range of actions taken by the registered manager.

We recommend the provider seek advice from a reputable source regarding the analysis of, and persistence of medicines errors and act to update their practice.

- The culture of the organisation was described as open and supportive by the staff team. The registered manager told us their support network had increased and they had a range of senior management staff they could seek advice from when required. Regional managers had a strong presence in the service; they recorded their visits and monitored action plans for completion.
- Staff told us communication had improved and they had handovers of information at the start of shifts. Comments from staff included, "I find it's quite an open-door situation. Each time I found I had issues I have been able to go down and speak to managers; no problems contacting them [management] out of hours" and "Morale has improved greatly, and we work better as a team. I think management are listening to staff now."
- People said the service was well-led and they were asked for their views. Comments included, "I think it's well managed; I know if I mention things it's sorted. I've done surveys" and "They've asked me one to one

what I think of the place." A health professional said, "The manager listens to relatives."

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; Continuous learning and improving care

- The provider and registered manager were aware of the need to learn and improve when things go wrong. Following the last inspection, they had completed a lessons learned exercise to help the service improve going forward.

- The registered manager informed relevant agencies, including the Care Quality Commission, when incidents occurred, which affected people's wellbeing.

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

- The provider had systems in place to engage with people and involve them in decisions.
- There were meetings and care plan reviews for people and their relatives. There were also staff meetings. Records were made of meetings and these were displayed on notice boards.
- The registered manager and staff team had developed relationships with other professionals involved in the service. These included links with specialist nurses and consultants, therapy services, multidisciplinary reviews and working as part of a telehealth pilot. One health professional said, "The manager always appears to be receptive to constructive criticism and promises to follow up any concerns. The documentation always appears up to date and detailed in the care needs of the patient."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider had not ensured the safe and consistent management of medicines. Not everyone received their medicines as prescribed.