Nicholas James Care Homes Ltd

Alexander House - Dover

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

The inspection took place on 13 April 2017 and was an unannounced inspection.

The service is registered to provide accommodation and personal care to 46 older people who may also be living with dementia. At the time of this inspection there were 30 people receiving the service. The premises are two large detached properties that have been connected by means of two conservatories. The accommodation is provided on each of the three floors and all of the bedrooms are single occupancy. There is a small enclosed garden area at the rear of the premises and a large paved courtyard between the two main buildings, which is shielded from the main road by gates.

The service did not have a registered manager in post. There was an acting manager in post who had applied to the Care Quality Commission to be registered as the manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the previous unannounced inspection of this service on 26 and 31 August 2016 requirement notices were served as the provider had not ensured that care plans were person centred, were updated with people's current needs and were not planned to include the Deprivation of Liberty (DoLS) recommendations made by the local authority. People were not being treated with dignity and respect. There was not sufficient guidance for staff to follow to show how risks were mitigated when moving people or supporting people with their behaviour. People had not been protected from abuse as appropriate referrals to the local safeguarding authority had not been made in line with safeguarding protocols. Action had not been taken to mitigate risks and improve the quality and safety of services. Staff had not been deployed in sufficient numbers to meet people's needs. Feedback about the service from relevant people had not been sought and acted on to continually evaluate and improve the service. Records were not completed or accurately.

We asked the provider to take action. They sent us an action plan telling us what action they would take to meet legal requirements in relation to the breaches of regulations. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. The provider had taken appropriate action with regard to these issues and improvements had been made. The service was now compliant with the regulations; however in some areas further improvements were required.

People were receiving their medicines safely. Storage facilities had improved and medicines were being stored at the correct temperature to ensure they were safe to use. However, further guidance was required to ensure that people received their 'as and when' required medicines consistently. On two occasions people had received their medicines but staff had forgotten to sign the medicines record. At the time of the inspection there was sufficient staff on duty to ensure people's needs were fully met, however, some people, relatives, staff and health care professionals commented that sometimes staffing levels could be improved.

The manager told us that staffing levels would be reviewed in line with these comments. New staff had been recruited safely.

People living with diabetes had generic information in their care plans about the condition, however this was not personalised to each person, such as the required blood sugar level range and what drink or food they might need to increase their blood sugar levels.

Although there was no registered manager in place the current manager had applied to become the registered manager and their registered manager interview with CQC was cairned out after the inspection, therefore they were waiting for the decision to be made.

Effective audits were now in place to monitor and improve the service, but there was lack of evidence recorded to show that the actions identified had been checked to confirm they had been completed.

Records had improved and were in good order although some further improvements were required to ensure that fluid monitoring charts were completed properly.

When people needed support with their behaviours potential risks had been assessed and measures were now in place to reduce the risks to keep people as safe as possible. Care plans were personalised and had up to date mobility risk assessments to ensure people were moved safely in line with their current needs.

The manager and staff carried out environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Emergency plans were in place so if an emergency happened, like a fire, staff knew what to do.

People were protected from harm or abuse and the manager had reported incidents between people to the local safeguarding authority in line with safeguarding protocols. Accidents and incidents were recorded and analysed to reduce the risk of further events.

Staff received the relevant training to carry out their roles. Staff had received supervision and appraisals to discuss their current practice and training and development needs.

People's mental capacity had been assessed and when required authorisations to deprive people of their liberty (DoLS) had been processed through the local authority.

People health care needs were monitored and they had access to health care professionals when needed. People were supported to eat and drink food that met their dietary requirements and that they enjoyed. Staff were familiar with people's likes and dislikes, such as how they liked their food and drinks.

People's privacy and dignity was maintained. People, relatives and health care professionals told us the staff were kind and caring. People were supported by their relatives to be involved in planning their care and to make decisions about their daily lives. They were encouraged to remain as independent as possible.

People enjoyed the activities and were encouraged to maintain their hobbies and interests. There were systems in place to ensure that complaints and concerns were addressed and responded to appropriately.

The new manager had oversight and scrutiny of the service. The provider had complied with the requirement notices from the previous inspection. People's views had been sought and analysed to show continuous improvement of the service.

The provider had ensured that the published rating from the previous inspection was on display.

As this service is no longer rated as inadequate, it will be taken out of special measures. We acknowledge that this is an improving service and further improvements are required. We will continue to monitor Alexander House to check that improvements continue and are sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were receiving their medicines safely, however further guidance was required to ensure that people received their 'as and when' medicines consistently. Some medicines records had not been signed.

Risks associated with people's care had been identified and measures were in place to mitigate risks. Risk assessments for people living with diabetes did not include personalised information.

At the time of the inspection, there was sufficient staff on duty, however people commented, that at times staffing levels were low. New staff had been recruited safely.

Staff reported incidents to the local safeguarding team when people were at risk of harm.

Environmental and equipment checks were regularly carried out to maintain people's safety.

Is the service effective?

Good

The service was effective.

People's capacity had been assessed and any recommendations made by the local authority DoLS assessor had been followed to ensure people received the care they needed.

People said the food was good and they had a variety of food to choose from.

Staff received individual supervision and an annual appraisal to address training and development needs.

People had access to health care professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by their relatives to be involved in planning their care and to make decisions about their daily lives. They were encouraged to remain as independent as possible.

People were treated with dignity and respect. Staff were observed supporting people in a caring, respectful and kind manner.

People's personal information was stored securely.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred to ensure that people received their care in a way that suited them best.

Care plans had been updated with people's current needs.

People and their relatives were able to discuss their views at regular meetings. People enjoyed the activities and were encouraged to maintain their hobbies and interests.

Formal complaints had been investigated and resolved, and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

At the time of the inspection there was no registered manager in place, however the manager had applied to be registered.

Records had improved and were up to date; however, food, fluid and medicines records required improvement.

Effective audits were now in place to monitor and improve the service, but there was lack of evidence recorded to show that the actions identified had been checked to confirm they had been completed.

Accidents and incidents were recorded and further analysis was in place to reduce the risk of further events.

The systems in place to gather people's views had been analysed to work towards continuous improvement of the service.

Relatives and staff told us that the culture in the service, had

improved and staff were aware of the values of the organisation.

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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 13 April 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spent some time talking with people and staff; we looked at records as well as operational processes. 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.

A Provider Information Return (PIR) was submitted by the service before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

We spoke with four people who used the service, the manager, the deputy manager, and two staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

We spoke with three social care professionals who had had recent contact with the service.

The previous inspection was carried out on 26 and 31 August 2016, when six breaches in the regulations were found.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt safe. This was because they said they were very well cared for, as everything was done for them and the staff are all very kind and caring.

People said, "The staff are lovely, really friendly and kind. Nothing is too much trouble for them". "I'm safe and very happy here. I have no complaints about the staff at all. They all seem to know what they are doing. They do very well".

A health care professional said, "People are safe here and get what they need".

A staff member said, "I can confidently say that if I went to the manager with any concerns over resident or staff safety, they would deal with it effectively and immediately".

At our last inspection in August 2016 the provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people, supporting people with their behaviour and health care needs. Staff were not being deployed in sufficient numbers to meet people's needs. The provider had not ensured that medicines were managed safely. People were not receiving their medicines safely and in line with the prescriber's instructions. The provider sent us an action plan telling us how they were going to improve.

At this inspection improvements had been made to ensure that people were receiving a safe service.

Potential risks to people were identified regarding moving and handling and supporting people who had behaviours that could be challenging. There was clear guidance for staff on how to safely manage the risks, which was detailed in people's care plans.

Moving and handling risk assessments had clear guidance of how to move people safely and consistently. For example, how to support people to roll on their side, when supporting them with their personal care, whilst ensuring that another staff member reassured the person. Other plans showed that some people could follow simple instructions when being supported to move. The plan stated what size hoist sling was used and how many staff were needed to move them safely.

Some people required support with their behaviour. There were risk assessments and charts to monitor behaviour. There was guidance in place for staff on what action they needed to take when incidents occurred to make sure people were safe and protected from harm. Staff were able to explain how they supported people with their behaviours. They talked about how they left people for a few minutes and would return later to support them if they refused care and support. Care plans had details of how to use strategies to keep people safe. To reduce the risk of one person going into other people's rooms, strategies were in place to support them, such as offering them cup of tea or an activity, and asking them if they wanted the member of staff to accompany them to their own room.

People living with diabetes had generic guidance in their care plans about the signs and symptoms staff needed to observe for in case people's blood sugar levels were unstable and what action staff needed to take. However, the guidance was not personalised to each person and how they would present if they their condition was unstable. There was no personalised information such as, what drink or food they preferred if they needed to have sugar. Staff explained that one person liked to have juice and records showed that this had been given on one occasion when their blood sugar levels were low.

Accidents and incidents were recorded. The manager had completed an analysis and when required action had been taken to reduce the risk of the accident happening again. There was a falls 'tracker' in place to assess and mitigate the risk of people falling. When one person fell, action had been taken and new alert mats were put under the bedding with a louder alarm to alert staff that they needed support. The manager had referred incidents, when appropriate, to the local safeguarding team.

Staffing levels were sufficient to meet people's needs. However, feedback from people, some relatives, and health care professionals indicated that at times, staff were rushed. A visitor said, "They could do with more staff at the weekends". A health care professional stated, "Sometimes they seem a little under staffed".

People said, "Staff are pretty good at answering call bells, even at night time. I think they are sometimes a bit short staffed; there always seems to be someone off sick. Sometimes we have agency staff and they're very good as well". "If I need someone at night, they are very good at coming up and helping".

Staff said "Staffing levels have improved over the last few months. If we have a full complement, then it's fine but when we're one down, then we get really pushed. You do seem to get a lot of sickness amongst the staff in care work". "Regular agency staff are ok and the management team are very willing to muck in and help when needed".

We discussed this with the manager who told us that they kept staffing levels under review and they continued to recruit to ensure they had sufficient cover for the service in times of absence or sickness. The use of agency staff had reduced as new staff had been recruited; this included the new deputy manager and some care staff.

Since the previous inspection the provider had restricted admissions but were now gradually taking on new placements. We discussed this with the manager who had already continued with the recruitment drive to ensure that as numbers of people increased staffing levels would match the requirements.

Staff told us that the changes made to the environment had enabled them to support people better as they were all in one area of the service in the communal lounges. They told us that it was safer as more staff were available to ensure people had the supported they needed.

The procedures for ordering, receipt, storage, administration, recording and disposal of medicines had improved. Staff had received medicines training and competency observations to ensure they gave people their medicines safely.

At the last inspection staff were not ensuring that people received their medicines safely and in line with the prescriber's instructions. Medicines were not being monitored to ensure they were stored at the correct temperatures, to ensure they remained effective. At this inspection improvements had been made and people were receiving their medicines safely. However, we did identify some areas that needed further improvement.

Some people were given medicines on a 'when required basis,' these were medicines for pain like paracetamol or medicines to help people remain calm. People were asked by staff if they were in pain and if they needed any 'pain relief'. There was guidance for each person who needed 'when required medicines' for pain and staff checked that the pain relief medicines were working effectively. For other 'when required' medicines some of the guidance did not fully explain when and why the person should receive the medicine. There was a risk that people may receive their 'when required' medicines inconsistently. This was an area for improvement.

The staff who gave people their medicines were able to explain when they gave people 'when required' medicines. They were clear and consistent about when they gave people these medicines. The effects of the medicines were monitored to see if they were working for the person. If they were not effective then this was reported to the person's doctor and further advice was sought. The manager told us that they very rarely had to use medicines to help people remain calm.

The management had reviewed their procedures for administering medicines. All medicines were now kept safely in one room and one trained staff member administered the medicines to people.

Medicines were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Hand written entries of medicines on the MAR charts had been consistently countersigned to confirm that the information was correct and to reduce the risk of errors. Regular checks were done on the medicines and the records to make sure they were given correctly. If any shortfalls were identified the manager took immediate action to address them. On two recent occasions people had received their medicines but staff had forgotten to sign the medicines record. The manager said they would address this. The staff recorded accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact.

Medicines were given to people at their preferred times and in line with the doctor's prescription. Staff observed that people had taken their medicines. There was information available for staff that highlighted any allergies people may have to specific medicines.

Staff had information available about the medicines people were taking that informed them of the effects, side effects and contraindication of medicines. Hand written entries on the medicines records had been signed by two members of staff to reduce the risk of errors occurring. The amount of tablets received from the pharmacy had been recorded on the medicines records, which meant that audits would be able to identify if people had received their medicines when they needed them.

The provider had policies and procedures for ensuring that any concerns about people's safety were reported to the relevant outside agencies, such as the local authority safeguarding team. These procedures were now being followed and, when required, the provider contacted the local safeguarding authority in line with safeguarding protocols. Staff had been trained in safeguarding adults, and were aware of the service's whistle-blowing policy. They knew how to raise any concerns with the manager and were aware that the local safeguarding team were responsible for investigating allegations of abuse.

Systems were in place to ensure that people's finances were protected. There were clear systems in place to record and receipt any monies spent, which were regularly audited.

Checks on equipment, such as the regular servicing of hoists, and the servicing of boilers and equipment were in place. Rooms were checked weekly to ensure equipment was working. All of the issues raised by the fire and rescue service visit, which included having the two fire panels linked had been completed. Checks on the fire call bells had been recorded and the fire risk assessment was up to date.

Systems were in place to evacuate people from the premises and each person had a personal emergency evacuation plan in place. Arrangements were in place in the event of an emergency. The provider had a business continuity plan in place and an 'on call system', outside of office hours, was in operation. This was covered by the manger and deputy manager so that staff could seek further guidance if needed.

The service had a complete redecoration and in some areas new furniture. The service was clean and tidy and people told us the environment had improved. A new wet room had also been fitted so that people had easier access to facilities. A health care professional said, "The furnishings have improved. It's always clean and bright and smells fresh".

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Application forms were completed and reasons for gaps in employment were discussed at interview. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable. Information had been requested about staff's employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were some people living at the service who attended the interviews and were able to feedback about the prospective members of staff.

Good

Is the service effective?

Our findings

People were receiving the care they needed. One visiting professional told us that staff were good at contacting them if they had concerns and acted on their advice or changes to people's care and support. They said, "We have a good relationship with the manager and the staff. The staff are always polite and they make you feel welcome".

At our last inspection in August 2016 staff did not have the time to make sure people were receiving the support they needed to eat their meals. Staff were rushed, trying to support people in all different areas of the service.

At this inspection improvements had been made to ensure that people were receiving the support they needed. In order to improve the dining experience for people the communal rooms had been rearranged. This had resulted in people receiving the right support to eat their meals in a calmer, much improved social setting.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff asked people for their consent before they offered support. On the day of the inspection one person was having their blood and blood pressure taken by the district nurse. The staff explained carefully and slowly to the person what was going to happen. They waited until the person gave consent before the intervention happened. The person was reassured, relaxed and calm throughout the procedure.

People's capacity to consent to care and support had been assessed and assessments had been completed with people. The manager and staff knew people well and had a good awareness of people's levels of capacity. When people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When a person was unable to make a decision, for example, about medical treatment or any other big decisions, then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

If people refused something this was recorded and respected. One person did not want to join in the

activities. The staff respected the person's wishes. Staff told us that they supported people to make decisions by giving them time to understand the situation. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held.

Some people were constantly supervised by staff to keep them safe. Because of this, the manager had applied to local authorities to grant DoLS authorisations. Applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. When recommendations had been made by the local authority DoLS assessor, these had been implemented in the person's care plan to ensure that the recommendations were being followed.

Staff used the least restrictive ways to support people. During the inspection people were supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

There was a programme for staff to complete the necessary training relevant to their role. This included long distance learning, on line learning and face to face training. Specialist training, such as dementia training, challenging behaviour and equality and diversity was also being completed.
Staff said, "Since the new manager has been here, we have had loads of training, we get great support. There have been many improvements since the last inspection. The virtual dementia course was fantastic". "Everything is better now, the atmosphere, the support, we have lots of training and the manager really understands dementia and what it's like to be a carer; she really understands both the residents and the staff".

Staff told us there was always training available Virtual dementia course training had been provided to assist staff to understand how it feels to have dementia. The manager told us how staff were observed before the training and again after and the difference was noticeable. The staff had a far better understanding of dementia and how it affected people.

New staff followed an induction programme, which included shadow shifts with an experienced member of staff. Staff told us that had time to learn people's choices and preferences and how they liked their care to be given. New staff completed a 12 week training programme. New staff were assessed as competent by using observation and a workbook to show they understood what they had learnt.

Staff had received regular supervision and an annual appraisal with their line manages to discuss their training and development. Staff told us that they were very well supported, they said, "The manager is great, very supportive. They have been a carer themselves so they understand. We can go to them for any reason, work or personal. They listen and care. Since they have been here, the morale amongst the staff is so much better, and that's not just better for the staff, but better for the people who live here as well". "I've worked in other care homes and this is the best I've ever worked in. Everyone works as a team, even the management".

People told us that they enjoyed the food and they had a choice about what they ate and where they ate their food. The four weekly menus were on display, which showed a varied and balanced choice.

People said the food was good and they enjoyed the meal. People said, "You only have to ask and they will get you what you want". "The food is good". One person was eating a cheese omelette which was not on the menu. They said, "I just fancied a cheese omelette. They are very good here, they'll always cook you what you want if they can. It's first class. There are plenty of snacks and lots of cups of tea!". "If we want anything different on the menu, they put it on and the lifestyle co-ordinator is very good at asking us what vegetables we like". A visiting professional said, "The meals always smell lovely and they look appetising".

We observed the lunch time meal. Staff were very attentive during the lunch service, constantly checking with people that they were alright and asking if they needed anything or any help. People were being supported to eat at their own pace. When people were not eating staff gently spoke and encouraged them. One member of staff said, "This food is for you, would you like to eat it, the person replied, "oh, is it, I will eat it then" and started to eat their meal. One person had spilt their drink and the staff sensitively asked them to move and promptly replaced the drink.

The dining room tables were well presented with place mats, serviettes and flowers on each table. This made meal times a more pleasant and social experience for people. Staff told us they try to encourage everyone to eat in the dining room as it gives them a little exercise, walking to the dining room and it makes a nice atmosphere when everyone is there.

People choose to sit where they wanted and some people did go to the dining room but others stayed in the lounge or bedroom if this was their preference. One person said, "I prefer to stay here. It's quiet and I like to watch TV whilst I am eating my lunch".

The management team had recently introduced the dementia dining experience for staff. This was a simulation workshop sessions to help staff further understand how living with dementia affects their lives, especially when they are having their meals and being supported to eat. Staff completed reflective accounts of how they felt and how they reacted to being restricted to achieve
simple tasks. Staff said this gave them a true insight of how it must feel for people living with dementia.

Staff knew people's likes and dislikes and their specific dietary needs. People's nutritional needs were assessed in their care plan and any specific dietary needs were recorded. When people needed extra calories to boost their diet, fortified drinks were available.

Staff monitored people's weight to ensure it remained stable. If people were at risk of not eating or drinking enough their dietary intake was monitored and they were referred to their doctor or the dietician. When people were losing weight they were encouraged to have supplement food and drinks.
The manager and staff understood about people's health needs. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible.

When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions were available for people to sit on. One person had a red area on their skin. The community nurses advised that the person should spend time on their bed every afternoon to relieve the pressure on their sacrum. Staff were making sure this instruction was carried out.

A community nurse told us "People are well cared for. The staff always contact us if they have any concerns. We come in every day to give people their insulin for their diabetes so if there are any other issues that is always brought to our attention and we can give advice and support. We rarely come in for pressure sores, which is always a good sign".

Visiting professionals went to the service when it was necessary and were available for staff if they had any concerns. The staff took immediate action if someone showed any signs of being unwell or if their health or behaviour changed. People had regular visits from the chiropodist and optician if needed. People and visiting relatives confirmed staff accompanied them if they need to visit health care services but in general the doctor/dentist/optician/chiropodist visited the service.

Good

Is the service caring?

Our findings

People told us that the staff were caring, they said, "The staff are so kind". "The staff are kind, lovely people". "The staff are all lovely, kind and caring".

Visiting relatives told me "We are here regularly and the staff are excellent; we see them being very kind and caring. They have a lot of patience".

Another visitor said, "I come here regularly and from what I have seen the staff are very kind and caring. The residents always look clean and well groomed and they always seem very happy. It's always clean and warm here".

At our last inspection in August 2016 staff were not always treating people with dignity and respect. At this inspection we observed staff were respectful and kind. #

Improvements had been made and we observed that people were being treated with dignity and respect. Staff were very patient and treated people with kindness. One person said, "The staff are lovely, very friendly, very kind and yes, they do treat me with dignity and respect. I'm very happy here and wouldn't want to be anywhere else".

The service had a detailed dignity action plan in place to ensure that people were treated respectfully. They were part of the dignity champion national scheme. Dignity champions ensure that everyone is treated with dignity as a basic human right, not an optional extra. The leisure and lifestyle co-ordinator held dignity meetings every other month. People were shown pictures of the staff and asked to choose which member of staff became the 'Dignity Star of the Month'. Staff told us how the manager constantly promoted people's dignity and often reminded them of the posters on the wall which stated, "Our residents don't live in our workplace, we work in their home".

On one occasion we observed an incident where a member of staff did not treat a person with full respect. At the same time this was also observed by a senior member of staff, who immediately addressed the situation with the member of staff, who realised that they had not acted appropriately and lessons were learnt to improve their practice.

All staff, including the management team, were very friendly and chatting constantly with people living at Alexander House. They clearly knew people very well. Staff told us they made a point of finding out all about a person when they first come into the service, such as their background, hobbies, likes and dislikes, and family. There was a large notice board entitled 'What's your story' with photos of people during their lives. People stopped and chatted when shown their photographs and happily talked about their past.

One person, whose first language was not English, and who had difficulty with communication due to their medical condition, had several laminated sheets, showing pictures and words of emotions, food, drink and places within the service. This was kept on their mobility aid so it was easily accessible to help with their

communication. Staff told us this was really beneficial to support them to understand what the person wanted. One member of staff had been learning basic words in the person's first language to ensure that they had every opportunity to further improve communication.

Staff encouraged people to remain as independent as they were able. Staff would discreetly stood by to support people to stand or sit, gently supporting them, but allowing them to take their time and only helping if they needed it. One person said, "I am sitting in my own riser/recliner chair. It helps me to be independent and it's comforting, having your own things around you". People confirmed that they were actively encouraged to do things like cooking, washing up, light dusting and even helping to fold laundry.

People chose what clothes they wanted to wear and ate independently, when possible. Equipment such as walking aids were accessible so they could move around independently. Staff said, "Everything is much better now. The new manager is so good with the residents. We have two ladies who won't walk for us but they will for the manager. The manager is very supportive and you can talk to them about anything. They always try to resolve any problems that we may have".

People had choices about how they wanted to spend their day. People walked freely from the lounges to the dining room or their bedrooms. People's rooms were full of photos, personal ornaments and memorabilia. People and visitors confirmed that brought their own things with them when they moved into the service, and were actively encouraged to do so. There were lots of old artefacts and things from the past all around the service which served as memory triggers for the people to talk about. The service was bright and cheerful; there were lots of flowers and bunting in the communal rooms.

Two people told us had keys to their rooms and confirmed that they keep their bedrooms locked. They said they were able to come and go as they pleased. It was a lovely bright sunny day when we visited and windows were open to enable the fresh air to circulate. People's personal space was respected; we observed staff knocking on people's doors before entering.

People's religious beliefs were supported. The service had regular visits from the local church groups and people attended church if they wanted to.

Staff and relatives told us that visitors were welcome at any time. Relatives told us that they visited whenever they wished. Two of the visiting relatives told us that the staff always offer them tea or coffee when they visit. One visitor said, "The staff always greet us and make us feel welcome. They always involve us in our loved one's care and tell us what's been happening". They also said that there were made very welcome and when required the staff spent time with relatives updating them with the care being provided.

If people needed additional support to make decisions about their care, advocacy services were available. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's care plans and associated risk assessments were stored securely in a locked office to protect confidentiality.

Good

Is the service responsive?

Our findings

People and relatives said they were satisfied with the care and support at the service. Relatives told us that staff were responsive to their relatives needs and helped and supported them well.

A visitor said, "The staff are much better; a lot of things seem to be a lot better since the last inspection. They support my relative with their exercises and massage their hands. Staff are also friendlier now and work very hard. We are very pleased with so many activities; staff visit my relative in their room and do activities there if they cannot come downstairs".

At our last inspection in August 2016 care plans did not have sufficient detail to ensure staff had the guidance to fully meet people's needs. The care plans were not personalised or reviewed consistently.

At this inspection the care plans had improved and were personalised with details of how people preferred their care to be given. The care plans contained information about people's mobility and behaviours to ensure people received their care in line with their individual needs. There was also information such as how people preferred to receive their personal care, a history of falls, nutritional needs, skin care, communication, oral hygiene, and medical history. People had been encouraged to be involved in their care and pictorial information had been used to encourage people to communicate their needs.

Some people were unable to mobilise by themselves and needed assistance. People's care plans contained guidance about how to move people safely using specialist equipment like hoists and slings. There was guidance and information about how to keep people's skin healthy and the plans were being followed by the staff. People sat on special cushions and had special mattresses on their beds to protect their skin. Some people had behaviours that could be difficult to manage. The behaviours had been identified and there was guidance in place on what staff had to do to manage behaviours consistently and safely.

When people suffered from condition's like epilepsy, their care plan stated what staff should do if the person did have a seizure, and what action they needed to take to make sure the person was safe and receiving appropriate intervention. The care plan gave guidance for staff on action to take and at what point they would need to contact the emergency services if the seizure went on for too long.

Before people came to live at Alexander House the manager carried out a pre-admission care needs assessment to ensure that the service would be able to meet their individual needs. People and their relatives were invited to look round the service before making their decision to live there. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done.

Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Alexander House. They also supported staff to prompt people to talk about their past, and people and events that were important to them. The

assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support.

The manager had ensured that all care plans had been reviewed and updated. At this inspection the manager was in the process of transferring peoples care plans onto a computerised system. Staff were being provided with hand held electronic equipment so that all peoples care and support could be recorded as it happened. The manager said this would make sure that more accurate and up to date records were maintained and reduce the risk of staff forgetting to record the care and support given. It would also highlight and alert staff when people's needs changed so that care plans and associated risk assessments and other records could be updated promptly.

People were supported to keep occupied and there was a range of activities on offer to reduce the risk of social isolation. On the day of the inspection an outside singer performed. Staff and people sang and danced together and appeared to enjoy the singing. People, staff and visitors, all spoke very highly of the leisure and lifestyle co-ordinator who had detailed person centred activity plans in place for each person. There were pictures to support people to understand and choose what they preferred to do.

There was an advertised list of activities, which took place in the morning, afternoon and evening. There were lots of photos showing people taking part in the activities. Visitors and staff all confirmed that the activities are excellent and were as advertised. Relatives told us that activities were planned well. A visiting professional said, "There is always some activity going on and staff spend time with people". A visitor said "The home is much brighter now; there is lots of entertainment and a lot more for residents to do". Staff said, "We try very hard to make the whole environment here stimulating and interactive".

There was a wide range of activities on offer. One week in March the service had held a spa week which included yoga, facials, massage and manicures. One relative commented that their relative was more relaxed and could see the change in their wellbeing. There were group singing sessions, art therapy, knitting, dominoes, exercise sessions and bingo. People, who were able, were supported to make cakes, especially for special occasions and people also helped with the washing up after the lunch service.

There were chickens kept in part of the garden where people gathered eggs. Outside entertainment such as animal therapy was also provided. Electronic tablets were used for people to keep in touch with their family or to watch their favourite films or videos.

People and visitors said they felt very safe talking to staff members and management and would happily complain if they felt the need to do so. They all said they would feel safe reporting something if they thought they needed to. One person said, "The manager is lovely, very friendly and very approachable; I would have no problem talking to her".

Information about making a complaint was displayed on notice boards around the service. This was currently typed; the manager said that there were plans to produce the complaints procedure in a more meaningful format including larger print with pictures.

A more detailed complaints procedure was included in the 'statement of purpose' which was given to each person and included lots of information about the service. Some of the information, including the manager's name, needed updating. There had been some complaints since the last inspection which the manager had investigated and resolved. For example, a complaint about the laundry had led to an increase in working hours for laundry staff. Since then, there had been no further complaints. Changes had been made to menus to include more fresh vegetables following people's feedback. These complaints had been dealt with but

had not been recorded as the provider's policy required. The manager agreed to record and log all future complaints, investigations and resolutions so that any patterns or themes may be picked up.

Staff knew about the complaints procedure and could tell us what they would do if they received a complaint. Staff knew people well and picked up when a person was not happy about something when the person could not tell staff how they were feeling. Staff sat with the person and spoke with them kindly and offered them a cup of tea. The person appeared happier after speaking with staff.

Requires Improvement

Is the service well-led?

Our findings

People, visitors and staff all told us that they were very confident the manager was doing a 'good job'. They said the service was well led. People and staff told us that the manager was 'very supportive', 'very approachable' and 'a good manager'.

One person said, "The manager is lovely, very approachable and very kind".

Relatives said, "In the past we had concerns, but we feel much happier these days. The management and staff are lovely. Everything is much better". "When they decided to move the front door and make the dining room at the front, they asked us what we thought. It's a lovely, friendly atmosphere here now. They always seem to be trying to make things better for the residents".

A health care professional said, "The manager has made so many improvements here, if I had a care home I would employ them".

Staff were very complimentary about the new manager, they said, "We really do not want to let our manager down. They have made such a difference, things are so much better". "Staff are happy to come to work, the everyone gets on well". "There is more support from the management team. Everyone works together". "You can talk to them about anything. And they are very knowledgeable about dementia. I think they are an excellent manager and really supports the staff". "It's 100 per cent better". "I love working here and since the new manager has been in charge, the atmosphere is much better. The staff all get on very well together and it's now a really lovely place to work".

At the previous inspection the service was rated as inadequate and the service was in breach of six regulations. The nominated individual responsible for the service agreed with the shortfalls in the care plans, risk assessments and monitoring charts. They also agreed there was a lack of oversight and scrutiny of the service. (The nominated individual is a person nominated by the organisation who is responsible for supervising the management of the service provided.)

At this inspection there was a new nominated individual and a new manager in place. They had made improvements to the service. They had implemented new personalised care plans, and mitigated risks to people living at Alexander House. They had an oversight and scrutiny of the service and all of the breaches in the regulations had been complied with. The management team had implemented an action plan which had been met, reviewed and completed. Staff culture and morale had improved and people, relatives and health care professionals were positive about the care being provided. These changes were at an early stage and had not yet been embedded so we will continue to monitor the service.

The manager told us that their application to become the registered manager was being processed and there was an interview the next week for their assessment. The manager had a background of providing dementia care services and had won a national Dementia Carer Award in 2016. This award is designed to praise the best people providing good care in dementia services.

The manager had ensured that people were protected from harm. When incidents of negative behaviour occurred between people living at Alexander House, the manager had reported this information to the local safeguarding team in line with safeguarding protocols so it could be investigated.

Accidents and incidents had reduced. The manager told us they had provided additional visual dementia training for staff, increased activities and involvement of people which had improved staff understanding of people's conditions which had resulted in less accidents and incidents. The layout of the communal lounges had a calming effect on people and increased staff support. Any incidents or accidents had been recorded and analysed to ensure that action would be taken to reduce the risk of further events.

Quality audits were carried out by the manager on a regular basis. These covered areas such as accidents/incidents, medicines, care plans, infection control, and health and safety. When issues had been raised further detail was required to evidence how the management team ensured that action had been completed and improvements had been made. As part of these checks the manager did a 'daily walk around' to check the service. On the day of the inspection the manager had been informed of an incident overnight where there had been a water leakage. The manager was aware before they arrived at the service and checked this on their daily walk around. They had taken action and arranged for the maintenance team to call that day to assess the damage and complete the repair.

There were audit trackers, such as when people's mental capacity assessments needed to be reviewed or when care plans needed to be updated. The regional manager regularly visited the service and carried out an audit in line with the current CQC methodology. If issues were identified an action plan was put into place for the service to follow. They were aware of the shortfalls and the areas that needed development and improvement.

The manager had introduced ten minute meeting each day when all staff attended to ensure they were aware of what was happening in the service. Full staff meetings were held regularly and minutes recorded to ensure that issues raised had been dealt or followed through to confirm appropriate action had been taken. Each day the service had 'a resident of the day' where their care plan was reviewed, the person's room was deep cleaned, their laundry was checked and they had a pamper session with the activity co-coordinator.

Staff told us that they received regular support, supervision and attended staff meetings. They said, "If I come on shift and there is a problem, the manager is very responsive. We have regular staff meetings where we all have a voice, carers, domestics, and kitchen staff".

People, relatives and staff were able to approach the manager when they wanted to. Staff told us if they did have any concerns the manager acted quickly and effectively to deal with any issues. Staff said that they felt supported by the manager and said that the staff team worked well together.

The manager and staff understood the visions and values of the service and were enthusiastic and committed to improve the service. They were able to tell us of the values that underpinned the culture of the service. They talked about the 'Compassion in Practice the 6Cs', care, compassion, courage, communication, commitment, competence. They talked about these during staff meetings, supervision to continuously improve their practice.

At the previous inspection we noted that the blinds had not been fitted in the conservatory. This had been identified in 2015 as people could not sit in the conservatory comfortably as it was too hot in the summer and too cold in the winter. We discussed the lack of blinds in the conservatory with the manager. They told us that the conservatory was to be fitted with a false ceiling so that people would be able to sit there

throughout the year.

People, relatives, staff, and other stakeholders, including health care professionals had an opportunity to feed back about the service through meetings and surveys. The last quality assurance survey for residents/relatives was carried out in September 2016. The format of the quality assurance survey was in a pictorial version. People whose first language was not English had the quality assurance survey translated to their language so that they had the opportunity to feedback about the service. The majority of the feedback was positive; however there were some areas for improvement, such as waiting for the staff to respond to their calls and laundry issues. These areas had been addressed, call bell responses were being monitored and changes made to record and find any missing laundry.

Issues raised from the staff survey had been addressed by the management team. There was a new manager and regional manager which had resulted in an improvement in staff morale and a positive enthusiastic team of staff.

At the last inspection records were not being completed properly or accurately. At this inspection records were in good order but further improvements were required when completing fluid charts to show that people were receiving the drinks they needed to keep hydrated. In addition some medicine administration sheets had not been initialled to confirm people had received their medicines. There was not always information on the charts to indicate what the acceptable level of fluid was for each person and what action staff should take if people were not drinking enough.

Records were stored securely to ensure people's confidentiality. Staff personal details were kept in locked offices with restricted access, and only senior staff had access to staff files. People's care plans and daily notes were kept in a dedicated office, which was key coded to prevent unauthorised access.

The service had links with the community. They provided 'meals on wheels' to approximately 20 people who lived in the community. They had also formed a friendship with a local charity to encourage and support people with art therapy.

There was a business development plan in place and areas of the service had been refurbished and redecorated. The manager and deputy managers covered on call arrangements at weekends to support staff with any guidance or emergencies. The manager told us that they were looking at the working rota of the managers with a view to a manager being available at the service seven days a week. The manager also completed care shifts working along staff to provide direct care and observe competency. The layout of the service had been changed to improve the privacy of people as previously visitors entered thought communal areas and this is no longer the case.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager had submitted notifications to CQC in an appropriate and timely manner in line with regulations.

The provider had displayed the CQC rating from the last inspection in September 2016 on their website. A copy of the report summary was also displayed in the entrance hall