

Bondcare (London) Limited

# Alexander Court Care Centre

## Inspection report

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28 April 2021

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Alexander Court Care Centre is a care home that is registered to accommodate up to 82 people across five units, each of which have separate adapted facilities. Three of the units specialise in providing care to people living with dementia. The home provided personal and nursing care to 75 people, aged 65 and over, at the time of the inspection.

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

People were protected from the risk of abuse. There was a safeguarding procedure for staff to follow and staff understood how to identify and report safeguarding concerns. People had risk assessments in place to manage their care and support needs to keep them safe.

There was a procedure for reporting accidents and incidents and learning lessons to prevent reoccurrence. The management team ensured lessons were learned when things went wrong in the service following incidents and complaints.

Systems and procedures were in place to prevent the spread of infections, including the risk of COVID-19 transmission. There were procedures such as temperature checks and rapid COVID-19 testing for visitors entering the home. We observed the service to be clean and free of odours. There was a daily schedule for cleaning and disinfecting the home. Personal protective equipment (PPE) was in sufficient supply and people and staff were tested regularly to help prevent the spread of infection. The provider facilitated visitors to people, such as relatives or friends, in accordance with government guidance. Premises and equipment were maintained and serviced to ensure the home's environment remained safe.

Staff meetings were held with the management team to discuss important topics and go through concerns. There were quality assurance systems to ensure the home remained safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Good (published 14 June 2019).

### Why we inspected

We undertook this targeted inspection to check a specific concern we had about infection prevention and control procedures and the management of the service. The overall rating for the service has not changed following this targeted inspection and remains Good.

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

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### 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?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Alexander 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 under the Care Act 2014.

This was a targeted inspection to check on a specific concerns we had about infection control and prevention, risks to people's safety and the management of the service.

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

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Alexander 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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 took place on 28 April 2021 and was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed other information we already held about the service. This included details of its registration, the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager, the deputy manager and three members of staff.

We reviewed a range of records. This included four people's care records and risk assessments. We looked at three staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We spoke with two relatives by telephone for their feedback about the home. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about infection control and people's safety. We will assess all of the key question at the next comprehensive inspection of the service.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Risk assessments were carried out to determine the level and severity of risks related to people's health, mobility, medicines and nutrition. For example, if people were at risk of falls or developing pressure sores, there was guidance for staff to follow. This helped to ensure the risk of injury or harm was reduced.
- People's risks were reviewed if their needs changed. A staff member said, "We have detailed risk assessments for each person which are helpful."
- The safety of the environment was maintained through servicing of equipment, gas and water systems. There were procedures in place for emergencies such as fires and people had personal evacuation plans, which detailed how they should be evacuated safely.

### Safeguarding from abuse

- The provider had a safeguarding procedure to protect people from the risk of abuse. People told us they felt safe. One person said, "Yes, I feel safe." A relative said, "Yes, I think it is safe for [family member]."
- Staff knew how to identify and respond to abuse and who to report safeguarding concerns to. Records showed they had received safeguarding training. They also understood what whistleblowing meant if they had concerns about the service.

- Records showed the registered manager reported all concerns to the relevant safeguarding authorities for investigation.

#### Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents and accidents. Records showed the action taken if for example, people had falls and sustained an injury or if there had been an error with recording people's medicines.
- Staff were aware of the reporting procedure for accidents and incidents in the home. If there was a pattern of incidents they would be analysed and reviewed by the management team to learn lessons and prevent reoccurrence.
- People's care plans and risk assessments were updated following any accidents or incidents to mitigate the risk of reoccurrence.
- We noted there had been occasions when things had gone wrong in the service which led to complaints being raised by relatives or disciplinary action being taken. The registered manager told us and records showed action had been taken to minimise the risk of re-occurrence.



# 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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The registered manager understood how to ensure the people were safe and the quality of the service was maintained. They had recently recruited a new deputy manager following some changes to the management team.
- The registered manager told us the past year had been difficult due to the COVID-19 pandemic and staff related issues. However, we saw this was being managed with support from the provider. For example, area managers visited the home and spoke with the registered manager to discuss any issues.
- There were quality assurance systems in place to monitor the quality of the service and to improve the delivery of care and support. Audits were completed to check medicine records, infection control systems and the home environment were safe and to identify any necessary improvements.
- Staff knew how to keep people safe and respond to their needs and wishes. They told us they understood people's care plans and they helped them get to know each person.
- Staff told us they were supported by the registered manager. One staff member said, "The manager is very good. She comes to help us and understands everyone."
- Nursing staff and care staff attended meetings with the registered manager for information and updates to be shared or to go through any concerns. Action was taken when necessary to ensure people remained safe.

Continuous learning and improving care

- The registered manager acknowledged when things went wrong or mistakes had been made.
- Prior to our inspection we were notified of formal complaints made by relatives about the standard of care received by their family members. We checked this and saw the registered manager apologised to people and their relatives. The registered manager put in place systems to ensure lessons were learned to drive continuous improvements in the service. This included better communication from staff to ensure they reported concerns or changes to people's needs to the management team.
- Records showed action had been taken to prevent these incidents from happening again. For example, the deputy manager provided some additional training to staff on risk assessments, skin integrity and repositioning.
- The provider received feedback from people and relatives and these were analysed to identify actions to make further improvements. People and relatives told us the service was well-led. A relative said, "Yes

[registered manager] seems nice and helpful. My [family member] is well cared for."