

HC-One Limited

# Alexander Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

Alexander Care Centre is a residential care home that provides accommodation and personal care for up to 78 older people. At the time of our inspection on 7 June 2017, 76 people were using the service.

We carried out an unannounced comprehensive inspection of Alexander Care Centre on 10, 19 and 25 May 2016 at which we found a breach of regulation. At this inspection, we found that the provider had not always followed appropriate recruitment procedures to ensure suitable staff were employed.

Due to the breach of regulation, we issued a requirement notice where the provider and the registered manager were required to take action to ensure they met our regulation.

We undertook a focused inspection on 7 June 2017 to check that the service now met the legal requirements. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Alexander Care Centre' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection, we found the registered manager and provider had addressed the breach of Regulation 12 HSCA RA Regulations 2014 in relation to safe care and treatment. People received care and support from staff who were vetted as suitable to provide care.

Prior to the inspection CQC had been informed of concerns about staffing levels and arrangements at the service. This was reported to other agencies at the time of the inspection. We reviewed the staffing levels and were confident there were sufficient numbers of staff deployed to support people and meet their needs safely.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People received care from staff who were vetted for their role. The provider had followed the appropriate recruitment and selection procedures in place to recruit suitable staff. New staff started to work at the service when pre-employment checks were completed.

There were sufficient staff deployed at the service to meet people's needs.

The registered manager and provider were now meeting the legal requirements with regards to safe care and treatment. Improvements had been made and we have revised the rating for this key question; to improve the rating to 'Good'.

# Alexander Care Centre

## 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 7 June 2017 and was unannounced. This inspection was carried out to check that improvements to meet legal requirements planned by the registered manager and the provider after our comprehensive inspection of May 2016 had been made. We inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting some legal requirements in relation to this question.

One inspector and an expert-by-experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about Alexander Care Centre including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with seven people and four relatives. We also spoke with five care staff, two nurses and the home manager who was yet to submit an application for registration with CQC. We were informed that the registered manager had left the service at the end of May 2017. We reviewed 12 people's care records, risk assessments and staff rotas. We reviewed five staff files which included recruitment and pre-employment checks.

We undertook general observations and used the short observational framework for inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the information we held about the service including records of notifications sent to us.

Following the inspection we contacted four health and social care professionals and the local authority that commissioned the service to gather their views on the care people were receiving.

# Is the service safe?

## Our findings

At our previous inspection of May 2016 we found that the provider did not always follow the recruitment and selection procedures in place before staff started working at the service.

At our inspection on 7 June 2017 we found that people received safe care because staff were recruited safely. Pre-employment checks were carried out to ensure that staff recruited were suitable for their role. The provider had an up to date recruitment and selection procedure which was designed to employ staff suitable to work with people. Staff files contained completed application forms and showed interviews were carried out before an applicant was offered the job. Staff records contained interview notes that confirmed an applicant's knowledge of the role, work experience and explanations of any employment gaps. The provider verified applicant's qualifications and skills. All new staff had completed a health check questionnaire to ensure they were fit for their roles. The provider had verified applicant's photographic identity, proof of address and their right to work in the UK and Disclosure and Barring Service (DBS) checks before they started to work at the service. A DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The provider had obtained character, employment and educational references as appropriate to verify applicant's work and personal history. All new staff completed the provider's mandatory six months probationary period before they were confirmed in post. Two new members of staff confirmed that they had started to work at the service when all checks were completed and the records we looked at confirmed this.

People received the support they required to have their needs met. There were mixed views from people and their relatives about the number of staff available to meet their needs. Two out of the seven people told us there were insufficient staff to support them. One person told us, "I would like to go out; the staff don't have the time to take me anywhere." Another person said, "The staff always look busy." A relative told us, "During weekends, there can be times when there is no [member of staff] in sight." However five people told us there were sufficient people to provide their care. One person told us, "There is always someone to help." Another person said, "I sometimes have to wait before [a member of staff] comes; but not for too long." Comments from other people included, "Plenty of staff." "They [staff] are always here checking on us." A healthcare professional commented, "The service has adopted a strategic approach to risk management in all areas." Staff told us they managed their work but also experienced busy times at certain times of the day. We highlighted this to the home manager who told us they were aware of this issue which had been raised in a previous meeting and that the staffing levels were currently being reviewed. We asked the registered manager about how staffing levels were determined at the service. The registered manager told us and records confirmed a dependency tool was used to determine the level of support each person required according to their needs. Rotas showed staffing levels matched the dependency calculations to ensure people were supported by a sufficient number of staff. Rotas were planned in advance and absences were covered by permanent and regular staff from the provider's available bank staff.