

Top Class Care Limited

Alexandra House - Leicester

Inspection report

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Tel: 01162753669

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Alexandra House is a purpose built two storey care home that provides residential care for up to 17 older people, including people living with dementia.

People's experience of using this service:

People told us they felt safe. On inspection we found that people had not consistently received safe care. Safe food storage procedures were in place, but these were not always followed by staff. Personal emergency evacuation plans (PEEP's) had not been completed for all people and the quick reference emergency evacuation plan required some improvement to ensure people could be evacuated quickly in the unlikely event of an emergency. People's medicines were administered by trained staff.

The adaptation of the service and the building could be developed further to better support people living with dementia. For example, dementia friendly signage was not used to support people with orientation. We have made a recommendation about creating a dementia friendly environment.

Person centred care and activity needed further development. People's culture, religion and lifestyle choices needed to be considered in more detail. We have made a recommendation about engaging people in person centred activity.

Risk assessments were in place and reviewed regularly to protect and promote people's safety. Staffing numbers were sufficient to keep people safe and recruitment procedures ensured that staff employed were suitable for the role.

Staff had a good understanding of the Mental Capacity Act (MCA). Records required further development to provide clear information on what decisions people could or couldn't make for themselves to ensure they were being supported in the least restrictive way possible.

People received care from staff that were kind and caring. Privacy and dignity was protected and promoted. People had developed positive relationships with staff who knew them well.

The registered manager and provider were open friendly and approachable. They were well respected by the staff team who told us they were supportive. Quality monitoring processes had not always identified inconsistency in recording information. However, the registered manager was taking positive steps to improve the service and maintained oversight with their hands-on approach. They had recently joined networking groups and forums to share and gain knowledge to improve the service.

Rating at last inspection: Not yet rated

Why we inspected: This was a planned first comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, 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 not always effective
Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

Alexandra House - Leicester

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector, one inspection manager 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. Their area of expertise is older people and dementia care.

Service and service type:

Alexandra House 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 accommodates up to 17 people in one building. At the time of our visit there were 17 people using the service.

The service had a manager registered with the Care Quality Commission. 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:

The inspection was unannounced.

The inspection took place on 17 January 2019

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements

in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also contacted Healthwatch Leicestershire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered.

During the inspection, we spoke with five people who used the service and one relative. We observed the care for one person living with dementia. We observed the administration of medicines and looked at medicine records. We had discussions with the registered manager, the senior carer, the chef and two care and support staff.

We looked at the care records of three people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information

Following the inspection we requested and received the following documentation:

- Health and Safety policy
- Whistleblowing policy
- Disclosure and Barring (DBS) records
- Medicines policy
- Infection control policy
- Staff meeting minutes
- Recruitment policy
- Staff training schedule

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement. 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.

Assessing risk, safety monitoring and management

- Not all people had personalised emergency evacuation plans (PEEP's) in place. This meant that risks to individuals had not been fully assessed in the unlikely event of a full emergency evacuation. A quick reference emergency evacuation plan was in place. However, this needed further development to ensure quick, organised exit could be achieved. We discussed this with the registered manager who agreed to look at the emergency evacuation plan in more detail and ensure each person had a PEEP.
- Food safety was not consistently well managed. Systems were in place for storing food appropriately including food coverings and date labels, but we saw that this system was not always used. Fridge and freezer temperatures were monitored and recorded. However, fridge temperatures were not recorded accurately, and high readings had not been reported to the manager or maintenance person. One fridge did not have a working thermometer.
- The home was well maintained and regular safety checks had been carried out by professionals. For example, regular servicing of the boiler was carried out by a gas engineer. A maintenance person was employed by the service and the maintenance log ensured that any repairs were actioned quickly.
- People told us they felt safe. One person told us, "[I feel safe] having people around me and I can lock that door, but I don't have any reason to do that."

Staffing levels

- People told us there were enough staff available to meet their needs. One person told us, "We are not short of staff here and they are all hard working."
- Schedules were in place to manage staffing numbers across shifts. Night duty was covered by one staff member with a second staff member sleeping on site and available on call in case of emergency.

Using medicines safely

- Medicines were administered by trained staff and recorded on medicine charts that were reviewed regularly by the registered manager.
- Medicines were stored securely in a locked room and a thermometer showed a suitable storage temperature at the time.
- Medicines were stock checked regularly and any refused medicines were disposed of safely.
- One person's medicine was being given to them disguised in food, there was no evidence that the pharmacy had given advice on how to do this safely. We discussed this with the registered manager who agreed to contact the pharmacy for further guidance.

Systems and processes

- Appropriate safeguarding training was in place and staff knew how to recognise signs of abuse and were clear on how to report concerns. The registered manager knew their responsibilities in relation to safeguarding and how to report and investigate concerns.
- Risk assessments were reviewed and updated regularly or when people's needs changed.
- Safe staff recruitment processes were in place. New staff had an induction and were supervised by more experienced staff throughout training.

Preventing and controlling infection

- Protective Personal Equipment (PPE) was available to staff around the home. One staff member told us, "PPE is always available to us around the home and we always use it."
- We saw a high standard of cleanliness throughout the building and cleaning schedules showed that regular cleaning took place.
- Laundry was collected and stored appropriately to prevent cross contamination and staff knew the services procedure regarding temperatures of wash.

Learning lessons when things go wrong

- There had been occasions where newly prescribed medicines had not been readily available for people from the current medicine's supplier. The registered manager had identified this as a risk to people and was seeking alternative options to ensure people had their medicines when they needed them.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement - The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Dementia friendly signage was not in use to help orientate people around the building. People's room doors had not been adapted or personalised to assist with orientation. We saw that one person was confused and walked into the wrong room. We recommend that the provider seek advice and guidance from a reputable source on creating a dementia friendly environment.
- Individual rooms had private en-suite facilities and people could personalise their room to however they wished.
- There was a building and refurbishment plan underway and an enclosed courtyard garden was being built to add to the existing outdoor space.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. 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.
- Mental capacity assessments were generalised and did not detail specific decisions that people could or couldn't make for themselves. There were no records to show how decisions had been made in people's best interest and no evidence of who had been involved in this process.
- DoLS applications had been made appropriately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they went to live at the service and were recorded in their care plan. However, the assessment did not consistently gather information required in relation to people's culture, religion, lifestyle choices and diet.

Supporting people to eat and drink enough with choice in a balanced diet

- We observed the lunchtime and evening meal times. At lunchtime we saw that there were two main courses and desserts. People were not included in choosing and planning meals, the chef offered two choices to people each morning. Pictorial menus were not available to help people with communication difficulties to understand their choices. However, one person told us, "No, I don't choose, they have a menu

if we don't like it they will change it, but I like it, It's very nice." Another person told us, "If I don't like it I tell them, and they would give you something else."

- There was juice provided with lunch, people were not offered a choice of cold drinks with their meal or second helpings. However, at the evening meal a person requested extra food, and this was provided without hesitation.
- People's weights were monitored regularly and food and fluid records were kept for people that needed to be monitored. One relative had made suggestions of foods to try to encourage a person to eat, this had been recorded in the care plan and had been tried with some success.

Staff skills, knowledge and experience

- Staff received suitable training to ensure they had the skills to do their job. The training schedule ensured staff refreshed their training on a regular basis.
- There was an induction process in place for new staff that included shadowing of more experienced members of staff before working independently. One staff member told us they had asked for extra time on induction to gain confidence in their role, the registered manager had supported this and provided extra support. The staff member also said, "[Registered manager] will provide extra training if we feel we need it, we just ask."

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people in a timely manner with their healthcare needs. People had access to health care when they needed it. We spoke with a visiting district nurse who told us they were called to attend to people's healthcare needs appropriately and where healthcare advice was given it was followed. Records showed when a GP had visited and what advice had been given.
- People had access to regular foot care. The chiropodist told us they were a regular visitor to the home. They advised foot care was well managed and the advice given was followed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were cared for by staff who knew them well, were kind and caring. Staff were friendly with people, shared humour and singing and dancing with people while they were being supported. One person told us, "They [staff] are lovely people here, they are like pals that's how good it is."
- One person preferred to stay in their room as they became anxious when they went into the communal areas. Staff made sure they visited the person in their room regularly to provide reassurance.
- We saw compliments from relatives that were very positive. One read, "Your care, compassion, knowledge and patience has been amazing, we cannot thank you enough."

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

- Staff included people in decisions as they were delivering care for example they asked people if they needed any help before they stepped in and they were guided by the person in the level of support needed.
- People could have access to an advocate to support them to make decisions about their care and support if needed.
- Respecting and promoting people's privacy, dignity and independence
- People were respected and supported with independence, people were encouraged to do as much for themselves as possible. One staff member described how they support someone to dust if there were lots of visitors in the home as the person found that this helped with anxiety.
- People told us that their personal space was respected. One person told us, "I've never had anyone push themselves in, even at night they knock on the door, they don't just barge in."
- Staff understood the importance of people's dignity; two members of the team had qualified as dignity champions.
- Confidential and personal information was stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement - People's needs were not always met.

How people's needs are met

Personalised care

- The pre-admission process involved people and their relatives and where appropriate other professionals. However, this process did not always identify insight into people's personal history, their individual preferences, interests and aspirations.
- Care plans were not consistently person centred and did not give staff clear guidance on how the person would want to be supported. Records did not show that people or their representatives were involved in reviews of care plans.
- There were limited planned activities. Care plans and records did not show that people's choice of activities had been considered or that dementia friendly activities were available for those that may benefit. Objects of interest such as puzzles books and magazines were not placed around the home to encourage people to access them when they wished. However, the service had implemented an initiative to ensure staff engaged in positive interactions with people such as sharing a hug, a smile or laughter throughout the day. During our inspection one person had a CD of their choice playing in the background, there was a short ball activity and a television was on in the lounge. We discussed this with the registered manager who told us that activities were not scheduled but delivered as and when people wanted them. One person told us, "I've not done any activities for a long while but if I wanted to do anything I suppose they would let me." Another person told us, "The church comes to visit." Following the inspection, the registered manager provided evidence that two people had personal activity boxes. We recommend that the service seek advice and guidance from a reputable source about how to best support people to engage in person centred activities.

End of life care and support

- People's end of life wishes had not been formally documented. This meant that staff could not be sure they were following what people would wish at the end of their life. A staff member told us, how they and other staff sat with people at the end of their life and we saw a compliment from a family member about the support given to their relative at the end of their life.

Improving care quality in response to complaints or concerns

- There was a detailed complaints policy and procedure in place this was included in the service user guide. People told us they would know how to make a complaint if they needed to. One person told us, "I would make a complaint to [registered manager] if I needed to." Another person told us, "I would [make a complaint] but I've never needed too."

Is the service well-led?

Our findings

Well-Led – this means that 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

Requires Improvement - Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- An experienced registered manager was in post who had a good understanding of their responsibility.
- We saw that staff knew people and each other well, they could confidently tell us about their responsibility in recording information and keeping people safe.
- The registered manager on occasion was included in the care staffing numbers, this meant they had less time to dedicate to their registered manager role. This hands-on approach meant that the registered manager maintained good oversight of the service. However, the quality assurance systems needed further strengthening as they had not identified inconsistency in record keeping.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Care plans were not consistently person centred and end of life care was not discussed to ensure peoples choices and decisions could be met. We discussed this with the registered manager who was going to look at how this could be better managed and recorded. This would need to be embedded and continued in practice.
- The provider and registered manager had a good understanding of their responsibility when things went wrong and had reported incidents appropriately to the Local Authority and Care Quality Commission.
- The provider and management team were friendly, visible and approachable. People were comfortable in their company and they knew people well.
- There was an open and honest culture and a relative told us they were kept well informed and were always welcome.

Engaging and involving people using the service, the public and staff; Continuous learning and improving care; Working in partnership with others

- An annual quality assurance questionnaire had recently received a good response; the results had been analysed to identify learning and actions had been completed. For example, one person said they weren't always sure how the staff team was structured. The registered manager addressed this by displaying staff on duty and their role for each shift.
- Staff told us they felt well supported by the registered manager. Regular staff meetings were held and

there was a handover at each shift change. One staff member told us, "I think it's a wonderful home and its managed the way a home should be. You're made to feel a part of a team [registered manager] will do anything she expects us to do."

- The registered manager had recently joined a support group that met regularly to share information and learning with other local registered managers. They had applied to join the local dementia action alliance and was a member of the "inspired to care" project.
- At the time of our inspection the registered manger was researching any benefits and options of introducing an electronic medicines records system.
- The registered manager was open to suggestion around ensuring regulation was met. Following our inspection, the registered manager advised us that they were seeking appropriate advice and support around how to support people with end of life decisions.