

Cotswold Care Services Ltd

Alexandra House - Gloucester

Inspection report

2 Alexandra Road
Gloucester
Gloucestershire
GL1 3DR

Tel: 01452418575
Website: www.craegmoor.co.uk

Date of inspection visit:
06 September 2018

Date of publication:
24 October 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 6 September 2018. We previously inspected the service on 25 and 31 May 2017 and it was rated 'Requires Improvement' overall. We found significant improvements had been made and the rating at this inspection is Good.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Alexandra House accommodates nine people in one adapted building. There were nine people living at Alexandra House on the day of our inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the right support' and other best practice guidance. These values include, choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

The service had suitable systems for identifying and responding to allegations of abuse. Recruitment processes ensured that new staff were of good character and suitable to work with people.

Staff had received training appropriate to their role. Staff had received training around safeguarding and were confident to raise any concerns relating to potential abuse or neglect. Staff received regular supervision from the management team.

The administration and management of medicines was safe. There were sufficient numbers of staff working at Alexandra House.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure the ongoing safety of the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to make choices about their day to day lives. People were supported to access health professionals. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them to be as independent as possible.

The service worked in line with the principles of the Mental Capacity Act 2005 in terms of people's consent to care and acting in their best interests where appropriate.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team. People's feedback and the views of relatives and staff were sought to make improvements to their experience of the service.

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.

There were sufficient staff to keep people safe.

Medicines were managed well with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from abuse and harm.

People were kept safe through risks being identified and well managed.

Infection control procedures were safe.

Is the service effective?

Good ●

The service was effective.

Staff received adequate support and training to be able to do their job effectively.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had access to healthcare services and health professionals we spoke to gave us positive feedback about the service.

Is the service caring?

Good ●

The service was good.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were kind and caring. People were supported in an individualised way that encouraged them to be as independent as possible.

People's views and preferences about their care and support were promoted.

Is the service responsive?

Good ●

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. People's complaints were listened to, taken seriously and resolved.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

Is the service well-led?

Good ●

The service was well-led.

Quality monitoring systems and regular audits were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

People's views and those of their relatives and staff were sought to make improvements to their experiences of their care and support.

The management team and staff worked closely with other agencies and organisations.

Alexandra House - Gloucester

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.

Prior to the inspection we looked at information we held about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 6 September 2018 and was unannounced. The inspection was completed by one adult social care inspector.

We spoke with the registered manager and four members of care staff. During our visit, we briefly spoke to two people using the service. As we were unable to speak to everyone because of their communication or learning disabilities we spent time observing what was happening within the service. After the inspection we spoke with two health and social care professionals and two relatives of people living at Alexandra House.

We reviewed four people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "It's good here and gave a thumbs up sign". One relative said, "I feel like [The person] is safe and well cared for."

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event may constitute abuse. The registered manager told us they would inform the local authority, CQC and any other relevant agencies such as the police if they had any safeguarding concerns. The staff we spoke with had a good understanding of the provider's safeguarding policies and procedures. They told us they would report any concern to the registered manager who would raise these with external agencies.

The number of staff needed for each shift was calculated based on the number of people using the service and their needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection, we observed a strong staff presence. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. The staff we spoke with told us the registered manager ensured the service was always sufficiently staffed and if further staff support was required, the registered manager was always willing to support the care staff. One staff member said, "We never use agency and staff have worked here for years and years."

We looked at the recruitment records of a sample of six staff members employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Staff completed a six-month probationary period which enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary policy and procedures which were followed when required to ensure people who used the service were kept safe.

People were supported to recognise and manage potential risks to when aiming to gain and retain their independence. We found individual risk assessments in people's care and support plans relating to their risk of falls, medicines, choking and moving and handling safety. The risk assessments had risk levels and control measures to reduce risks and these had been regularly reviewed and kept up to date. A risk assessment and guidance for staff had been devised, updated and reviewed for one person who used mobility aids. This ensured staff had relevant information to help them manage people's risks. For people who had epilepsy, emergency plans were in place to support them. Seizures were recorded and monitored for patterns and trends.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, so any hazards were identified and the risk to people

was either removed or reduced. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency. An evacuation had been held in August 2018 and it had taken three minutes for everybody to safely leave the building. Other areas such as; legionella, water temperatures, moving and handling equipment and electrical equipment checks had all been carried out at regular intervals.

Staff completed training in infection control and food hygiene. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided. The home had recently been inspected by the food standards agency and had been rated as five stars. An internal quality audit completed by the provider in August 2018 had identified no concerns.

Is the service effective?

Our findings

Training records confirmed that all staff had received the provider's required training to support people effectively. Some examples of training provided were; Safeguarding adults, Infection control, dignity and respect and supporting people with learning disabilities. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Staff were able to complete an induction when they first started working with the provider. This was a mixture of face to face training, online training and shadowing more experienced staff.

All care staff had consistently received regular one to one supervisions or an appraisal with a line manager. Individual supervision and appraisals are an opportunity for the line manager and staff to evaluate performance and plan to improve their effectiveness in providing care and support to people. This meant the provider had systematically monitored staff performance and identified their support and development needs. One staff member said, "I feel very supported. The management are helpful. I have supervisions but I can knock on the door anytime if I need to".

People were able chose the food they wanted and were supported by staff to assist with food preparation. People were supported to eat a healthy diet and to manage their dietary needs. People had been referred to the dietician or speech and language therapist when needed for advice around their diet and safe eating and drinking. People were supported to plan what they would like to eat and were able to change their mind if they didn't feel like what was on the menu.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 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 and legally authorised under the MCA.

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed if required and records confirmed this. Where people were lacking capacity, and were being deprived of their liberty, the appropriate applications had been made. An easy read guide for people living at the home was available if required. This gave people specific information around the Mental Capacity Act, making decisions and information on who to seek support from such as; Independent Mental Capacity Advocates if needed.

Staff knew people well and monitored their health daily. People were supported to access healthcare when needed. People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists

and district nurses. We saw people's changing needs were monitored, and responded to promptly. In each person's care and support plan, their support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy.

Alexandra House had a welcoming and homely feel and some areas had recently been decorated and plans were in place to re-furbish the kitchen area. People had access to communal areas, including a sensory room and there was a large area outside for growing vegetables and plants. All areas were accessible for people who may have mobility difficulties. The home was clean and free from odours. The service had an on-going maintenance plan to ensure inside and outside areas were serviceable and maintained to a high standard.

Is the service caring?

Our findings

Throughout our inspection we found staff had a caring attitude and person-centred approach. All the staff we spoke with told us they loved working at Alexandra House and people living at the home were at the heart of the service.

Some people living at Alexandra House had very limited vocabulary. There were records available for all people in an easy read format and some with pictures. The provider had clearly given consideration to the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people living with a disability or sensory loss are given information in a way they can understand. For one person living at Alexandra House a bespoke communication dictionary and pictorial cards were available to ensure the person had choices about areas such as food, drink and activities.

Support workers knew the people they supported well including their care and wellbeing needs. For example, one support worker discussed with us how people liked to relax and spend their days. They told us, "We do lots with people living here. They have such a good quality of life and I love spending time making each day count".

Support workers supported people with making choices which promoted their dignity and wellbeing. They told us how they ensured people's dignity was respected when supporting people with their personal care tasks such as showering and getting dressed. One staff member knocked on one person's door before entering and spoke to them in a dignified manner. One person had written their own guidance for staff about their personal care and this was very detailed and included statements such as; 'I would like staff to advise me of each movement in my care before initiating it to allow me to be prepared for what is next'.

For people who had seizures, specific plans were in place with detailed guidance for staff to follow. Seizures were monitored for any patterns or trends and staff wrote a description of each seizure to support the process. For one person who had a seizure whilst having a bath in March 2018 staff had written that [The person] was covered in a towel to protect their dignity.

People that we were able to speak with told us about their family and friends and how they maintained contact with them. Staff told us supporting people to maintain contact with their family and friends was an important part of providing good care and support.

People were supported to dress accordingly to their individual tastes. Any support needs with regard to people dressing and undressing were clearly stated in support plans. One person's support plan stated they would like to choose their clothing for each day and that they would then require support to get dressed.

People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs were met in this area. Care and support plans we looked at contained information with regards to people's choice or decision making in areas such as; practising faith or religion and people's values and beliefs. One person's support plan stated they did not

currently wish to practice faith but this would be reviewed regularly.

Is the service responsive?

Our findings

During our last inspection in April 2017 we made a recommendation to the provider to ensure care and support plans and risk assessments reflected the needs of people living at the home. At this inspection we found effective action had been taken and arrangements were in place with regard to care and support plans and risk assessments being person centred and regularly updated and reviewed.

Each person had a care and support plan to record and review their care and support needs which provided guidance on how staff were to support people. Each care and support plan covered areas such as; communication, cultural and religious preferences, nutrition, mobility, night care, medication and psychological needs. People's care plans were person centred and gave staff relevant information on their lives, family and friends and what was important to them. Two documents had been introduced called 'Things you must know about me' and 'Things that are important to me'. These gave staff guidance on how people were to be supported with personal care, preferences with communication and how people liked to take their medication.

There was evidence that regular reviews of care plans were being carried out. The registered manager told us reviews were carried out monthly and more frequently if required. People's relatives and healthcare professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing their changing needs. All care and support plans had been updated in the three months before our inspection.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. Daily notes were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any issues occurring on shift so that the staff working the next shift were well prepared. The registered manager told us daily notes used to be too brief and not always filled out properly and this was an area that had been improved recently and they were now informative and meaningful.

People were supported on a regular basis to participate in meaningful activities. Each person had an individualised activity planner with specific details for each activity, one person was due to 'Drive or walk to park with staff and with a flask of tea' on the day after our inspection. People took part in activities such as; day trips out, cycling, singing, puzzles, music and therapies. People had been on holidays with staff in the U.K and abroad during 2018 and gave us a thumbs up when we asked if they had enjoyed them. On the day of our inspection a therapist was present and giving many people massage and reflexology treatments. The therapist completed a log form which detailed observations on how people had engaged with the therapy. One person had been 'relaxed' and 'interactive'. People were encouraged to be as independent as possible and one person was due to help staff with cleaning their bedroom at the weekend.

People told us they were aware of who to speak with and how to raise a concern if they needed to. People

felt that the staff would listen to them if they raised anything and that issues would be addressed. Easy read complaint forms were available to people living at the home. One relative said, 'They do listen'.

The registered manager told us they were actively involved in implementing person centred end of life plans for people who required them. They were liaising with the local authority to ensure they were using up to date guidance and documentation. This was an on-going process and an area that the service had noted in their improvement plans for 2018.

Is the service well-led?

Our findings

Since our last inspection in May 2017 a new registered manager had been employed at the home. People, staff and relatives told us they felt well supported by the registered manager and the provider. One relative said, "I believe things have really improved". Staff gave us positive feedback about the management change and told us they felt the registered manager was approachable and communication was good.

We spoke with the registered manager about how changes had been implemented and how these had been monitored. They told us, "I manage two homes and am consistent in my approach. I have huge support from the provider and implementing changes has improved areas. There are still some areas to be improved but I believe the systems and processes seem to work now and when they don't we look at lessons learned".

The registered manager and quality manager were responsible for completing regular audits of the service. The audits included analysis of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The registered manager shared with us the improvements they had planned for 2018 and going forward including, maintenance, re-decoration and improving end of life plans. A Health and Safety audit had been completed by the provider in August 2018 and did not identify any concerns.

Managers and staff attended regular team meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. One staff member said, "We work really well as a team and we try to do things the same". Another staff member said, "We feel valued".

The service was actively seeking the views of people using the service, relatives and staff by sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. An action plan was produced following the feedback and actions and outcomes were recorded.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents, falls, ill health, behaviour that challenges, and abuse were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. People who were at risk of falls were monitored and action plans put in place to keep them safe.

The previous rating of the service was displayed in the main area at the front of the building.