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Alexander House Care Home - Cheltenham

Inspection report

Alexander House
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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

We inspected Alexander House Care Home on the 18 and 22 December 2015. Alexander House provides residential care for people with mental health, learning disability and physical disability needs. The home offers a service for up to 16 people. At the time of our visit 16 people were using the service. This was an unannounced inspection.

We last inspected in April 2014 and found the provider was meeting all of the requirements of the regulations at that time.

There was a registered manager in post on the day of our inspection. 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 2008 and associated Regulations about how the service is run.

People did not always receive their medicines as prescribed. Care staff did not always keep an accurate record of when people had received their medicines. Where people needed their medicines covertly, care staff followed clear guidance to ensure their needs were met.

People were not always protected from the risks of harm in their environment. Two bathrooms contained risks to people which included untiled flooring and items which could be pulled from the wall and cause harm and harbour infections. However, people spoke positively about the home and their bedrooms.

People told us they enjoyed living at the home. People were supported by kind, caring and compassionate care staff, who clearly knew people's needs. Staff supported people to spend their days as they wished.

People were supported with activities, and enjoyed time spent with care staff and other people. People told us there were things for them to do in the home and how they were supported to access the local community independently.

People told us they felt safe in the home. Staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

People's needs were assessed. Where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks. The care and support people received was personalised to their needs. People were protected from the risks associated with their care. Staff had clear guidance to protect people from risks and promote people's independence. Where people's needs changed, care staff had taken action and made referrals to healthcare professionals where necessary. Care staff ensured people had care and support which met their needs and rehabilitation goals.

People's relatives spoke positively about the registered manager. They felt the registered manager was

approachable, listened to them and asked for their views. Relatives felt involved in people's care. There was a positive caring culture, promoted by the registered manager. Care staff were passionate about providing high quality personalised care and support. They spoke confidently and positively about people and their preferences.

Care staff were knowledgeable about the people and carers they supported. They had access to development opportunities to improve their skills and the service people received. Care staff received the training they required to support people with individual needs and had access to effective supervision (one to one meetings with their manager).

People and their relatives view on the service sought. The registered manager made every effort to ensure people's views mattered. People told us the management was approachable and felt confident in their ability to complain. Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people received a good quality service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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. People did not always receive their medicines as prescribed. Staff did not always accurately record the support they had given people around their medicines.

People told us they were safe. Care staff demonstrated good knowledge around safeguarding and would raise any concerns.

The risks of people's care were identified and managed by care staff. There were enough staff to meet the needs of people living within the home.

Requires Improvement 

Is the service effective?

The service was effective. People's needs were met by care staff who had access to training, effective supervision and professional development.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, care staff took appropriate action.

People were supported to make decisions. Care staff and the management ensured people's legal rights were protected.

Good 

Is the service caring?

The service was caring. People and their relatives spoke positively about the care they received from care staff. Care staff knew the people they cared for and what was important to them.

Care staff treated people with dignity and kindness. People were supported to make choices.

Care staff respected people and ensured that their dignity was respected during personal care.

Good 

Is the service responsive?

The service was responsive. People's care and support plans were personalised and included information about what was

Good 

important to people. People were supported with activities and were supported to access the local community independently.

Care support workers responded when people's needs changed to ensure they received the care they needed, this included making referrals to other healthcare professionals.

People knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Is the service well-led?

The service was well led. The registered manager had systems to control the quality of the service.

People spoke positively about the registered manager and felt they were approachable.

The registered manager promoted a caring culture which respected people's individuality. Care workers were supported to suggest and make changes to the service.

Good ●

Alexander House Care Home - Cheltenham

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 was 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 the 18 and 22 December 2015 and it was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were eight people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with healthcare professionals, including social care commissioners.

We also looked at the Provider Information Return for Alexander House. 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 spoke with five people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two care workers, the deputy manager and the registered manager. We reviewed four people's care files, three care worker records and records relating to the general management of the service.

Is the service safe?

Our findings

People did not always receive their medicines as prescribed. There was evidence that some staff were not competent at the proper and safe management of medicines. For example, staff had not given one person their medicine, however had recorded this had been done. We discussed this concern with the registered manager, who informed us they would discuss the concern with staff to ensure people received their medicines as prescribed. In another example, staff had signed to say they had administered two people's medicines, when this was not possible as these medicines were not available within the service as the pharmacy had not delivered them.

Care staff did not always keep an accurate record of when they assisted people with their medicines. For example, staff had not signed to say they had administered one person's medicines. There was a risk people may not always receive their medicines as prescribed as an accurate record had not always been maintained.

The registered manager informed us issues with the pharmacy linked to their service had an impact on when medicines were received into the home and people's medicine administration records. They informed us they were taking action to rectify this.

Medicines were stored in a lockable office. When this office was not in use the door was locked. The room contained a medicine fridge and a medicine trolley. Care staff recorded the room temperature daily. The medicine fridge temperature was not being recorded, as it was not currently in use. This meant that the fridge was not fit for purpose if medicines were required to be stored into the fridge.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always kept safe from risks in the home's environment. In one bathroom, a toilet had been replaced; however the surrounding floor had not been tiled. The surface was uneven and could harbour infectious substances from spillages. The floor also posed a risk of injury as people could injury their foot. Another bathroom had a hand rail which had been pulled from the wall; the remaining part of the fixture was not fixed to the wall. Additionally an electrical wire had been pulled from the wall, which could posed a risk to people's safety. We discussed this concern with the registered manager who informed us immediate action would be taken.

These concerns were a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People told us they felt safe in the home. Comments included: "I do feel safe, absolutely"; "I'm definitely safe, I wouldn't be anywhere else" and "Really safe, thank you".

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible

abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I would raise the concern with the manager and the Care Quality Commission (CQC)". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "If I was ever concerned that action hadn't been taken I would go to safeguarding. We all know we can whistle blow". Staff told us they had received safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured action was taken to protect people from harm.

People told us there were enough staff to meet their needs. Comments included: "The staff are very attentive"; "Staff are always around, we're never without them" and "The staff are here when you need and want them, can't fault it".

There was a calm and homely atmosphere in the home on both days of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff spent time with people and helped them with activities, such as singing, arts and crafts.

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "We have two staff on in the day, which works fine" and "Most people are quite independent, so we never feel like we don't have time to spend with people". The registered manager had identified the number of staff needed to ensure people were kept safe. Staff rota's showed on the day of the inspection and other days the safe number of staff had been deployed to meet people's needs.

Records relating to the recruitment of new care support workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure support workers were of good character.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff clear guidance which enabled staff to help people to stay safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person was at risk of pressure sores when they stayed in bed. Care staff had clear guidance on how to assist the person and had also sought the advice of district nurses to ensure the person's needs were maintained.

People were supported to take positive risks and develop their independence. One care staff told us how they had encouraged one person who was at risk of social isolation to access the local community independently. The care staff started by going with the person to local shops before encouraging them to go by themselves. Following this the person had set clear goals of things they wished to do in the community and also hoped to live independently.

Is the service effective?

Our findings

People told us that care staff had the skills they needed. Comments included: "My care worker is lovely, they know what to do, you have to meet them", "The staff are fantastic, they're marvellous" and "The staff look after me, they can't do enough for me".

People's needs were met by care staff that had access to the training they needed. Comments by staff included: "I think I have the training I need, my training is always being refreshed" and "I have the training I need to meet people's needs". Care staff told us they had the training they needed when they started working at the home, and were supported to refresh this training. Care staff had completed training which included safeguarding, fire safety and moving & handling.

Staff told us they had been supported by the registered manager to develop professionally. Comments included: "I am able to request training and professional development. The company is very good at allocating training. I have requested end of life training, which they are looking into" and "We can always request training. I am going on a course about diabetes, it's one I wanted to do and I discussed it at supervision".

Care staff had access to supervisions (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff also told us they could always meet with the registered manager to discuss concerns when necessary. One care worker told us, "We have reviews and supervision, we can discuss training and our needs. We can also raise concerns at any time". Care staff told us they felt supported by the registered manager, and other staff. Comments included: "Definitely feel supported. The management are always very supportive and inclusive" and "Always supported, and I feel we (care staff) all support each other".

Staff had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Staff showed a good understanding of this legislation and were able to cite specific points about it. One care worker told us, "We support people to make decisions, give people as much information, people can make unwise decisions, we never assume someone can't make a decision". Another care worker said, "We can never assume, people's capacity can vary, so we need to assist them and assess them regularly".

People's rights to make a decision were protected, as staff acted within the legal framework of MCA. For example, the deputy manager had carried out a mental capacity assessment for one person after concerns were raised by staff and external agencies around how the person managed their money. The assessment identified the person had capacity to manage their own finances. This person told us, "I have a social worker visit me to make sure I'm handling money all right. I sought my own affairs out". A care worker told us, "We did an assessment because we had concerns around their dementia and how they make decisions around

their finances. They have capacity at the moment".

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made for them about invasive surgery. The person's family, doctor and other healthcare professionals were involved in making the decision. It was decided that surgery was not in the best interest of the person.

The registered manager and deputy manager had knowledge of the Deprivation of liberty safeguards (DoLS). 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. At the time of our inspection no one was being deprived of their liberty, as people living in the home were being supported to access the local community independently.

People spoke positively about the food they received in the home. Comments included: "I've been here for years, the food has always been good", "The food is good. I also like to have food outside of the home, I have coffee with a friend" and "The food is really nice here, plenty of it and its all good".

People were supported with their dietary needs to maintain their well-being. One person was living with diabetes. Staff had received clear guidance on how to support this person, which included advice from district nurses. The person was supported to understand the information around their condition, as they could make decisions around their diet. This person told us, "I have diabetes, although I have a treat. The doctors comes in to help me, they take blood. They're quite happy with me".

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, records of appointments with healthcare professionals were clearly documented on people's records.

Is the service caring?

Our findings

People had positive views on the caring nature of the service. Comments included: "It's absolutely lovely. Staff treat me well, they don't ever shout at me", "I'm very happy, I really like all of the staff", "Marvellous, the best place I've been in my life" and "I'm good thank you, no problems here".

People enjoyed positive relationships with care staff. The atmosphere was calm and friendly with care staff engaging with people in a respectful manner. We observed warm and friendly interactions. People were informed about the purpose of our visit by care staff who asked them if they would like to talk to us. Care staff spoke positively stating "This is people's homes, we're lucky to help and support them".

Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. People were supported to access the local community independently. One person told us, "I'm going to the bookies (betting shop); the staff arrange a taxi for me, as it's too far to walk". A care worker arranged for the taxi to collect the person, and ensured the person had the money they needed to pay the taxi fare.

People were cared for by care staff who were attentive to their needs and wishes. For example, care staff knew what was important to people and supported them with their day to day needs and goals. One person had recently been complaining about pain. A care worker was aware of this, and ensured the person was comfortable and had the pain relief they needed to reduce their pain. This person said, "They help me, when I need it".

Care staff were supported to spend time with people and they spoke positively about this. Comments included: "It's a quiet and peaceful environment. We have time to spend with people usually between 1 and 3 in the afternoon we can do one to one activities with people" and "We have time to spend with people. We know them and what's important to them. This is their home and that's how it should be".

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one care worker was able to tell us about one person who liked to do things with their hands. They supported this person with arts and crafts activities, which the person enjoyed. The person had created some Christmas decorations which were on display in the dining room.

People were supported to make decisions which were respected. For example, one person had written an advanced care plan (a document of decisions they had made about the end of their life). wished to stay at the home, however wanted any support to be alive, which including being resuscitated if needed. The person had also made a legal living will and had made funeral plans. All this information was documented in the person's care plans, and care staff were aware of the person's decisions.

People were able to personalise their rooms. One person had items in their room which were important to them, such as stuffed toys. This person spoke positively about their room. They told us, "I have a lovely

room, bathroom and shower. All things in the room are important to me".

People were treated with dignity and respect. We observed care staff assisting people throughout the day. Care staff told us how they ensured people's dignity was respected. One care worker was assisting a person with personal care. To support the person's independence, the care worker waited outside of the room, until the person was ready for support. One person spoke positively about how staff always knocked on their door before entering. They told us this was important to them as it was their personal space.

Is the service responsive?

Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as information about their family and friends. The care plans and risk assessments were reviewed monthly and where changes were identified, the plans were changed to reflect the person's needs.

When people's needs changed staff took appropriate action. For example, one person's mobility had decreased, which meant it was difficult to leave their room and put them at risk of social isolation. The management had purchased a stair climber (a piece of equipment which enables the person to go down the stairs safely in a wheel chair), which had enabled staff to take them into the local community. This also enabled the person to continue meeting their own social and religious needs, enabling them to continue going to church whilst living in the home.

People's care plans were personalised and contained information on people's life histories and preferences. We saw people's life histories which care staff used to understand what was important to people. Staff knew how people liked to spend their days. Two people in the home liked to spend time together; staff supported them with their friendship and knew it was important for them to spend time together.

People were supported to spend time as they wished. One person had recently exhibited behaviours which challenged staff. Staff had identified the person was becoming anxious due to being in pain when using their television. The deputy manager met with the person and had identified they were struggling with their television remote control device. Staff were looking to get the person a new television remote control device which would be easier for them to use. The person told us, "They're looking to get me something which will make it easier".

People were supported with their social needs. People spoke positively about their social lives. Comments included: "I can go out when I want, where I want. I've got a four wheeled trike which helps me go out. I also spend time with people and I've got good relationships with the others", "I go up to the shops, I enjoy going out to get the papers" and "I love Cheltenham, we go to Bath Road and have a coffee sometimes".

People enjoyed activities within the home. They had enjoyed Christmas based activities, including making their own Christmas decorations and singing to Christmas music. People spoke positively about activities. Comments included: "We're making some fairies today, I like arts and crafts" and "There is always little things to do".

People knew how to make complaints to the provider. People confirmed they knew who to speak to if they were not happy. One person told us, "The manager is very nice; I can go to them if I have any problems". Another person said, "If I have any concerns I can tell staff". The registered manager kept a log of compliments, concerns and complaints. The service had received no complaints in 2015. An anonymous concern had been received in 2015, and the service worked with an external agency, which identified the

concern was not substantiated.

The registered manager used a range of systems to seek people and their relative's views on the service they received. The home carried out regular resident meetings, which included discussion about the activities and food provided within the home. Recent meetings discussed what food people wanted at Christmas and what was important for each person at Christmas. People's views were clearly recorded and demonstrated what was important to them.

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the registered manager. People told us communication was good and they had positive relationships with the registered manager and care staff. Comments included: "They treat me like family", "I've met some of the staff's family, we all get along, it's very friendly" and "All the staff are lovely".

People had regular contact with the registered manager and told us they was very approachable and friendly. Comments included: "Lesley is very friendly and always around", "I'm very happy, they're both friendly and approachable" and "They're really helpful".

The registered manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the management. Comments included: "This is a very good place to work. It has a homely atmosphere, we're here to help people in their home" and "We listen to people, they have to have a say in how things work. The goal is to make their lives as easy as possible and help them achieve their goals".

The registered manager regularly sought people and their relative's views. The management carried out a survey of people and their views on the home. We saw copies of the recent survey which showed people with happy with the service they received. One person used the survey to discuss the opportunity to move on to more independent living. The registered manager met with this person and their family to discuss the person's wishes and if they could be achieved. The results of two survey forms completed by visitors in 2015 were both positive.

The registered manager had effective systems in place to monitor and improve the quality of care people received. The management had identified concerns with people's medicine administration in the home and had taken action to check the competency of care staff. Improvements had been made, however there was still a risk people did not receive their medicines as prescribed. The management were assisting staff to make further improvements. They operated a range of audits such as health and safety audits, and scheduled checks within the home. Where audits or observations had identified concerns; clear actions were implemented. For example, improvements around cleaning within the home had been identified; these actions had been carried out.

The service carried out regular team meetings. These meetings allowed the management to cascade important information and discuss people's needs. Management used meetings to evaluate incidents within the home, to identify issues and what lessons can be learnt from these incidents. These meetings challenged staff to identify the triggers to incidents and how they could be avoided. Staff spoke positively about the meetings and how they enabled them to provide clear personalised care to people.

Care staff spoke positively about their involvement in the home, and how they were able to suggest improvements. One care worker told us, "We are always involved in the development of the home. We talk about suggestions and how we will succeed. We never have conflict because we always have respectful

discussions." Another care worker told us, "I've suggested ideas and I help new staff. I recommend staff read a dignity factsheet. It's important."

The service acted on guidance from local authority commissioners. A service review carried out by the local authority identified some actions; such as ensuring staff had knowledge of local authority safeguarding procedures. This action had been completed, staff had attended safeguarding training. One care worker told us, "we have safeguarding level 2 training; we know the number to call if we need to". A commissioner spoke positively about the service; they told us the service was 'open to improvement' The management told us they appreciated feedback to help develop the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People did not always receive their medicines as prescribed. Care workers did not always keep an accurate record of people's medicines. Regulation 12 (f) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because areas had not always been maintained to protect them from harm or the spread of infection. Regulation 15 (1) (b).</p>