

HC-One Limited

Alexander Court (Sheffield)

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We carried out this inspection on 21 June and 3 July 2018. The inspection was unannounced, which meant the people living at Alexander Court and the staff working there didn't know we were visiting.

Our last inspection at Alexander Court took place in December 2015. At that inspection, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the staff did not have regular supervision in line with the registered providers own policy.

The registered provider sent an action plan detailing how they were going to make improvements. At this inspection, we checked improvements the registered provider had made.

We found sufficient improvements had been made to meet the requirement of this Regulation. However, we had received concerns about this service prior to this inspection. We identified the service had declined at this inspection. The registered manager had left and there had been a period with a turnaround manager until the registered provider had recruited another manager. The registered provider had identified the concerns and was taking action to ensure improvements were made.

Alexander Court (Sheffield) is a care home providing nursing and personal care for up to 56 adults. It is within easy distance of the local amenities and on the bus route making it easy for people to access. At the time of our inspection there were 43 people living at Alexander Court.

The service had a registered manager. 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 we spoke with gave mixed views about whether they were safely cared for in the home on the first day of the inspection, however people were feeling more positive about the level of safety on the second day.

People we spoke with gave us mixed opinions about how the registered manager handled their concerns. Some people did not feel listened to, but others felt their concerns had been dealt with satisfactorily. We found changes within the management team had impacted on the performance of the team.

The registered provider had safe recruitment procedures in place which helped to keep people safe.

Not all care records showed that risks to specific to people's health and wellbeing had been assessed and planned for so that staff had information needed about how best to support the person to help reduce or eliminate such risks.

People are not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and systems in the service do not support this practice.

People told us they were not happy with the quality, quantity and variety of meals offered. Some people required a fortified diet to ensure they received adequate nutrition. There was little evidence to show this need had been fulfilled and systems to monitor people's nutritional intake were ineffective.

Not all care records showed that risks to people's health and wellbeing had been assessed and planned for so that staff had the information they needed about how best to support the person to help reduce or eliminate the risk.

Staff had received supervision and training and an ongoing programme was being developed. Staff training completion rates were found to be high.

Staff had a good understanding of safeguarding and whistleblowing procedures.

Staff worked with healthcare professionals to ensure people received appropriate care and treatment.

There were safe and effective systems in place for managing medicines at the service.

People were provided with activities and opportunities to help promote their community presence as well as develop and maintain their independent living skills.

There were effective systems in place for infection prevention and control.

There were processes in place to monitor the quality and safety of the service. Some of the issues we had identified had been picked up and a service improvement plan was being implemented by the new manager to resolve the issues

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The newly registered manager confirmed that any notifications required to be forwarded to CQC had been submitted.

During our inspection, we found six breaches 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 the 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.

Peoples People told us there were not always enough staff. We found there were enough staff to provide basic care, but limited time was available to engage with people.

We saw that medicines were stored safely and securely and were administered correctly.

The provider had safe recruitment in place which helped to keep people safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People told us mixed things about the quality and quantity of food served at Alexander Court. Peoples food and fluid intake was not being monitored well enough to ensure people received the nutrition and hydration they needed.

The service did not always act in accordance with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff received regular supervisions, appraisal and training to have the knowledge and skills to carry out their roles and responsibilities.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us that the staff working at Alexander Court were caring.

People told us that the staff were kind, considerate and caring, although care could be rushed and task orientated.

We saw that staff respected people's privacy and dignity.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records identified people's needs. However, care plans did not always provide staff with guidance on how to support people with specific health conditions.

The programme of activities met the needs of everyone living at Alexander Court

There was a complaints system in place; complaints had been recorded and resolved and people told us they were listened to.

Is the service well-led?

The service was not well-led.

The service was well led, but the changes in management had impacted on the quality monitoring. The new manager had improved the monitoring but it needed embedding into practice, to ensure it was effective.

The service held regular meetings with people using the service and their relatives to seek their views on how the service could be improved.

People using the service and staff gave us mixed feedback about the approachability of the manager.

Inadequate ●

Alexander Court (Sheffield)

Detailed findings

Background to this inspection

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The registered provider sent an action plan detailing how they were going to make improvements. At this inspection, we checked improvements the registered provider had made.

We found sufficient improvements had been made to meet the requirement of this Regulation. However, we had received concerns about this service prior to this inspection. We identified the service had declined at this inspection. The registered manager had left and there had been a period with a turnaround manager until the registered provider had recruited another manager. The registered provider had identified the concerns and was taking action to ensure improvements were made.

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People we spoke with gave mixed views about whether they were safely cared for in the home on the first day of the inspection, however people were feeling more positive about the level of safety on the second day.

People we spoke with gave us mixed opinions about how the registered manager handled their concerns.

Some people did not feel listened to, but others felt their concerns had been dealt with satisfactorily. We found changes within the management team had impacted on the performance of the team.

The registered provider had safe recruitment procedures in place which helped to keep people safe. Not all care records showed that risks to specific to people's health and wellbeing had been assessed and planned for so that staff had information needed about how best to support the person to help reduce or eliminate such risks.

People are not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and systems in the service do not support this practice.

People told us they were not happy with the quality, quantity and variety of meals offered. Some people required a fortified diet to ensure they received adequate nutrition. There was little evidence to show this need had been fulfilled and systems to monitor people's nutritional intake were ineffective.

Not all care records showed that risks to people's health and wellbeing had been assessed and planned for so that staff had the information they needed about how best to support the person to help reduce or eliminate the risk.

Staff had received supervision and training and an ongoing programme was being developed. Staff training completion rates were found to be high.

Staff had a good understanding of safeguarding and whistleblowing procedures.

Staff worked with healthcare professionals to ensure people received appropriate care and treatment.

There were safe and effective systems in place for managing medicines at the service.

People were provided with activities and opportunities to help promote their community presence as well as develop and maintain their independent living skills.

There were effective systems in place for infection prevention and control.

There were processes in place to monitor the quality and safety of the service. Some of the issues we had identified had been picked up and a service improvement plan was being implemented by the new manager to resolve the issues

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Is the service safe?

Our findings

Prior to this inspection we had received information of concern in relation to there not being sufficient staff on duty to meet people's needs and maintain their safety.

People who lived at the home and their relatives had mixed views about the level of safety within the home. Some people told us they felt safe, whilst others said they felt there was not enough staff to keep them safe.

People told us, "Although the staff are fantastic, they do need more of them," "When I use the nurse call buzzer - they will say "we won't be long" but they are. I have had to wait for the toilet, then it's been too late," "I do have to wait a long time for help - they are so short of staff sometimes" "I have to wait a long time to get up in the mornings - it takes two to lift me," "When I call for help during the night - I often have to wait a while as they need the hoist to help me," "I can tell the staff are very frustrated during the night when I need help they can't help it - they are so busy" and "Feeling safe and comfortable here is the most important thing to me."

The registered manager had a staffing assessment tool to analyse the level of staffing needed in the home. Day shifts were covered by a nurse, two nursing assistants and five care workers to provide care on two floors of the home. The registered manager told us night staffing cover was provided by a nurse and four care workers.

Eighteen people required the support of two members of staff for moving and handling assistance to meet their care needs. Staff members told us that there were occasions, when two staff were with a person who needed hoisting and the senior care worker was dealing with medicines, there was only one member of staff to observe what was happening in the home.

Our observations on the first day of the inspection confirmed this. We saw staff were not always available in communal areas when staff were carrying out personal care in bedrooms and the nursing assistant was administering medication this left no staff available for support if required.

We observed throughout the day that staff appeared very busy and there were call bells which were not answered quickly. For example, during a walk around the home we saw two people who were trying to summon assistance by pressing their call bell and shouting for assistance. Staff were unable to respond because they were carrying out personal care in bedrooms and the nursing assistant was administering medicines this left no staff available support if required.

On the first day of our inspection we observed the lunchtime experience and saw people experienced delays in receiving support with their meals. During lunch we saw one care worker deliver meals to 15 people in their bedrooms. The person delivering the meals did so in a very calm and courteous manner. However, during this time the care worker delivering the meals did not have time to encourage or prompt anyone to eat their meals. The care worker also answered a number of telephone calls on the corridor during the serving of the meals which caused further delay. This meant people may not be receiving the meals in a

timely manner.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not ensured there were sufficient numbers of staff deployed to meet people's needs in a timely manner.

We spoke to the regional manager and the registered manager about our concerns regarding staffing levels. The regional manager told us they were in the process of reviewing the service and how best to meet the needs of people using the service.

Following the first day of the inspection the registered provider had taken immediate and responsive action to review their staffing levels. There had been an increase of regular staff when we returned on the second day which had led to an improvement in the level of care and support people were receiving.

We inspected recruitment records for three staff and found some gaps in the information required to be obtained in accordance with Schedule 3 of the regulations. Schedule 3 is a list of documents required to assist services in ensuring they employ staff who are fit to work with vulnerable people. The registered provider's policies and procedures states applicants were required to complete an application form which detailed their employment history and relevant experience and that employment was only offered on the receipt of two written satisfactory references (one being from their previous employer). However, in one file we found gaps and inconsistencies. For example, there was not a completed application form for the job the person was doing, copy of satisfactory references or employment history.

We discussed this with the regional manager and the registered manager who told us they would try and locate the missing information. Following the inspection, the provider sent us all the required documents and completed a review of their recruitment procedures. This showed recruitment procedures in the home helped to keep people safe.

Following the inspection, the registered provider contacted us to say that they would do an audit of all staff files to ensure all information was in place as required to make sure safe recruitment processes were followed.

Risk assessments were in place for some aspects of people's care. The risk assessments covered aspects of the person's care needs, including their dependency level, communication, nutritional needs, skin integrity, mobility, overall health and care needs. However, not all care records showed that risks to people's health and wellbeing had been assessed and planned for so that staff had the information they needed about how best to support the person to help reduce or eliminate the risk. For example, one person was diabetic however there was no care plan or risk assessment in place to guide staff on how to support the person with the safe management of their diabetes.

We also identified that people's care records were not always updated to reflect people's changing needs. For example, one person's care records we looked at showed that a referral had been made to the speech and language therapist (SALT) because of an issue with swallowing meat. The SALT had recommended that the person 'sit fully upright for all oral intake'. We looked at the person's care records to see if they had been updated to reflect these changes. The care plan had not been updated to provide staff with clear guidance about how to safely support the person. We talked to staff and they were not aware of how the person needed to be supported. This meant staff did not have information about how best to support the person safely and to minimise any risk.

We also identified that people's nutritional assessments were not being scored correctly, so the risk was

assessed as low when it was not. Therefore, people's weight was not being safely managed. For example, one person we looked at showed a weight loss of 8.9 kg in a month and the nutritional risk assessment had scored them as 20 when it should have been 18, meaning the person had been scored insufficiently for the month. This meant people could be at risk of dehydration and the risks they presented were not managed consistently.

We discussed this with the registered manager and they agreed they would take immediate action to review and update the care records.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We saw a policy on safeguarding vulnerable adults was available. Staff knew these policies and procedures were available to them. All the staff spoken with and the staff training records confirmed staff had been provided with safeguarding vulnerable adults training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to keep people safe.

Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling the manager or someone they trust. This meant staff were aware of how to report unsafe practice. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about people's safety had been identified.

The new registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission. We saw the manager kept a log of these incidents, investigated them and appropriate action had been taken by the management to reduce the risk of repeat events. This meant systems were in place to make sure people were protected from abuse or neglect.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. We saw when an accident had happened, the cause and effect of each accident or incident was investigated. This meant that similar incidents were linked together to identify any trends and common causes and action plans were put in place to reduce the risk of them happening again.

We found there were appropriate arrangements in place for the safe storage, administration and disposal of medicines. People told us, "The staff take care of all my medication that's a great relief if ever I need extra painkillers it is not a problem."

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed staff had understood their training and could help keep people safe.

Staff told us they had medicine management training as part of their induction and 'medication competency assessments' were carried out before staff could administer any medicines to people using the service. This was to check staff had understood the training and knew what it meant in practice.

We also looked at the storage and disposal of medicines and found this was appropriately managed. Medicines were securely stored and both room and fridge temperatures were recorded to ensure they were stored correctly.

We found one member of staff, usually the nursing assistant on duty, was designated with responsibility for managing medicines. We checked four people's Medicine Administration Record (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MAR.

Protocols for 'as and when required medicines' were in place which meant staff knew when it was appropriate to offer these medicines. Controlled drugs which are medicines liable to misuse were appropriately managed as two staff signed to say these had been administered and records showed where patches used for pain relief had been applied. Prescribed creams were applied by care staff who informed senior staff of any skin integrity concerns.

We found that all the care records we looked at included a personal emergency evacuation plan in place for people who may not be able to evacuate the service quickly in an emergency. The plans were specific to each person and completed fully. This meant staff had the necessary information in the event of an emergency.

We found the control and prevention of infection was managed well. The service had policies and procedures in place about infection prevention and control. We saw evidence that staff had received training in infection control and the service had an infection control champion. Staff told us that they had access to personal protective equipment (PPE) (aprons and gloves).

During the inspection we observed the home was clean and tidy. We were told there were never any shortages cleaning equipment and staff could order what was needed as and when required. We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service. However, one relative commented, "The home looks untidy these days, especially [friends] room, and it smells awful sometimes. I don't like it but the staff get so busy."

Is the service effective?

Our findings

During our last inspection on 15 December 2015 we found evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because not all staff received regular supervisions or annual appraisals.

The provider sent us an action plan identifying actions to be taken and timescales for completion for them to become compliant. During this inspection, we found that the service was now compliant with this regulation.

The registered provider had reviewed their supervision and appraisal systems. Staff spoken with told us they received regular supervision and appraisal. Supervisions are meetings between a manager and a staff member to discuss any areas for improvement, concerns or training requirements.

We checked records of staff supervision. The records showed care staff had been provided with regular supervision for development and support. All the staff said they received formal supervision. This showed staff were supported appropriately.

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 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 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 so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager told us she was aware of her responsibilities under the MCA and 15 DoLS applications had been made to the 'Supervisory Body' at the time of our inspection. The registered and deputy manager told us they were still awaiting decisions for these and knew to notify the commission once a decision was made by the supervisory body.

The care workers we spoke with were individually uncertain as to which of the people they were caring for were subject to a DoLS, although some, but not all were able to demonstrate a good understanding of the principles of the MCA and DoLS.

We found people's best interests were not always documented, did not always involve all relevant people and the outcome was not documented. For example, in one care file we found the person had a care plan

was in place to say the person would be administered medicines covertly.

We looked at this person's medication administration record and care records. There was no capacity assessment in place to show that the person could not make the decision to take this medicine themselves. Nor was there any evidence to show what attempts had been made to involve the person in the decision and whether any less restrictive alternatives had been considered. No evidence of any best interest discussions was in place to show this was the most suitable method of the person to take their medicine.

Throughout the inspection we saw staff gain verbal consent before supporting people however there was limited evidence of signed consent been obtained in the care records we reviewed. This meant the registered provider was not fulfilling its duties as required by the Mental Capacity Act (2005).

This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

All staff we spoke to told us they had received induction training, and care workers had shadowed a more experienced member of staff before taking full responsibility for their own duties.

The home had a buddy system in place to make sure that new staff worked with more experienced members of staff so that they got to know people and how they preferred to be supported, they told us that this had been very helpful and had given them the confidence to carry out their roles and responsibilities effectively.

We reviewed the training which staff had undertaken. Staff we spoke with told us "The training is much better" and the training records we looked at showed high levels of completion.

We had received information of concern in relation to the amount and choice of food available to people, and concerns about people who had lost weight prior to our inspection. We looked at how the registered provider met people's nutrition and hydration needs.

People we spoke with all had complaints about the food. One person said, "I could not eat today's meat it was so hard and tough" and "I don't know who the cook is but they ruin all the food". A staff member we spoke to told us, "The food has been bad for a while now, we throw so much away downstairs" and "last Sunday nobody touched the beef it was all binned. We saw people were offered regular drinks and snacks throughout the day.

From records we saw it was not always evident that people received the diet which met their needs. For example, one person required a fortified diet due to recent weight loss. Food and fluid charts maintained did not always evidence that this had been provided.

Another person had lost a considerable amount of weight over seven months. A referral had been made to the GP in response to this concern and the senior care worker informed us that they were being weighed on a weekly basis and food and fluid charts were in place to record the person's dietary intake. However, these were not always fully completed or reviewed to ensure staff were monitoring the person effectively. This meant people could be at risk of poor nutrition or hydration.

The food looked appetising and was hot. However, we observed that seven people left their meals. We observed one person persist and tried to eat it but clearly it was very grisly or tough. Because of this not all people ate well.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider could not always ensure that the nutritional and hydration needs of service users were always met.

We discussed the meal with the registered manager who explained they had an agency chef on the day of our inspection because the permanent chef had left. The management team were aware of these concerns and were taking action to ensure people were receiving the correct support to maintain a healthy diet and weight.

People were supported by appropriate healthcare professionals, such as dieticians, opticians and dentists, to meet their on-going health needs. Records seen showed staff promptly contacted the GP or relevant healthcare professional in response to any concerns about people's health conditions.

We found people's needs met by the adaptation, design and decoration of the building.

Is the service caring?

Our findings

Everybody spoken with made positive comments about the staff team. The staff and people using the service looked comfortable together, there was a lot of laughter and friendly banter between people.

People told us the staff were kind and caring. They said they respected them and maintained their dignity. One person said, "The staff are smashing they are my friends." Another person said, "There are some special care workers here, they give me so much confidence to help myself."

Relatives we spoke with told us staff were polite and compassionate and had no complaints. One relative said, "Staff really do care there just isn't enough of them."

We observed some very positive interactions between staff and people who used the service. For example, one person found it difficult to chew and swallow their food and became quite frustrated with themselves. Staff spoke kindly to them at eye level and patiently provided support with several different options.

Although observed interaction between people and the staff throughout the day were kind and respectful, the staff were very busy and there was little time for conversation. Care was mostly task orientated and not person centred. It was also not clear from care plans we looked at if people were involved in their care planning to ensure their choices, preferences, likes and dislikes were considered for their care and support.

We saw some people appeared unkempt and were not wearing clean clothing. We saw some people whose hair was not clean and people who were in need of shaving. Some people told us they were not able to bathe regularly as staff did not have the time to assist them. One person was very clear that they had waited several weeks for a bath, and when they received one the care staff said they would do this weekly, however when the week was up staff told the person they did not have the time to assist them.

One person said, "I got out of hospital three weeks ago and the doctor told me I should have a bath every day and I have only had two baths since I came out of the hospital three weeks ago." We checked the record for personal care and found that only three entries had been made between the beginning of June and 21 June 2018. This meant we were unable to see if the person had been treated with respectful and dignified care.

This is a breach of Regulation 10 Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person using the service introduced themselves as the official meet and greeter for the home. The person wore a name badge and a HC-One polo shirt and spoke with enthusiasm and great pride about their responsibilities in the running of the home.

One person using the service told us they were supported to use Facebook and a mobile phone to keep in touch with their friends.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

Is the service responsive?

Our findings

We looked at the care records for six people to see how their needs were assessed and planned for. We saw these assessments were detailed and person centred and identified people's care and support needs.

Assessments had been used to develop care plans and risk assessments and included information about people's medical conditions, allergies, personal hygiene, nutrition, medication, social activities, religious needs, health and medical condition.

We looked at care plans belonging to people who used the service and found they did not always meet people's current needs. For example, one person had a care plan in place that indicated that the person should be assisted to change position at two hourly intervals because they had been assessed as high risk in respect of their pressure care. We checked the daily records to see if this was being done. The records showed that this had not been followed. We spoke to the nurse on duty who agreed that this had not been followed. This meant the person was at risk of developing a pressure sore.

We looked at another person's care plan and found they required support with their dietary intake as they were prone to losing weight. The person had a Malnutrition Universal Screening Tool (MUST) in place which was incorrectly completed and an assessment completed by the SALT in April 2018 had advised a fork mashable diet. However, the food preferences notification to the kitchen stated that the food had to be of a thin puree and had not yet been updated. This meant staff did not have access to accurate and up to date information to maintain people's health and wellbeing.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People told us they really enjoyed the activities and liked the coordinator. There was a dedicated activity coordinator. We observed the activity coordinator had meaningful conversations and positive interactions with people throughout the day. People said, "[The activity coordinator] is always asking us what we want to do that's different," "We had a great royal wedding it was such fun, there was a proper magician outside and there was a street party," "I love it when the animals come, I have some great photos of me holding a giant rabbit" and "The newsletter is great. I send a copy to my family, it keeps them informed about the things I am doing."

People offered us a copy of the most recent Alexander Court newsletter. People told us they really enjoyed receiving the newsletter and seeing the recent events that they had enjoyed and were also able to look forward to future events.

The quality assurance methods were varied from filling in 'comment cards' to using on line surveys. The most recent feedback reports on display were dated June 2017, this did not reflect the current management arrangements and service delivery.

Residents meetings were been held monthly. We reviewed the minutes for the meetings and found the agenda included laundry, staffing, care plans and an open floor session for people using the service and staff and relatives to talk to the new registered manager.

Relatives communication logs were in place which showed that relatives were routinely kept informed.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. During the lunchtime service we observed family members being asked if they would like to join people for lunch.

We noted from some care plans we reviewed there had been no information gained for people's wishes for the end of their lives. It is important to gain people's thoughts and preferences for how they would like the end of their lives when people come into a care setting as they may lose the ability to share the information over time.

The registered manager said they were looking to introduce electronic care records in the future. The service was also participating in a pilot project called the Digital Care Home. The Digital Care Home project is enabling care home staff to use existing equipment to record routine monitoring information for residents electronically and communicate with community nursing teams or local GPs to identify the best course of action if there are early signs of patient deterioration. This demonstrated technology was either available or was being used to support people.

Is the service well-led?

Our findings

There was a newly registered manager in place at the time of our inspection. The registered manager was familiar with the service and engaging with people using the service and staff. However, we received mixed feedback from people using the service, relatives and staff in relation to the registered manager. Although most people were happy with the service offered at Alexander Court others had their concerns.

We spoke with people who lived at the home about the recent changes of management. We received mixed feedback from people using the service. Comments included "The new manager is smashing she is so friendly", "The manager always asks us if we everything is alright, she encourages us to go for meetings", "My son has asked the manager to come and speak to me about the quality of food, but so far no one has been to see me" and , "I don't know who the manager is, there's just not enough staff and it's a waste of time asking for anything because you ask one person and you never see them again."

Relative we spoke to said, "The manager made herself known to us as soon as we arrived, but I have not seen much of her since" and "The new manager has brought about total transformation in the home. Even though there are sometimes short of nurses there are enough staff on duty most of the time now and all the staff know what they're doing. They are getting their training, which they were not before."

Staff told us, "The new manager is good, she makes the staff do" and "The new manager is nice but not approachable they [registered manager] are not interested in what you have to say."

The registered manager had developed a service improvement plan identifying what they needed to do to comply with the relevant standards and to improve the experience of people using the service. They told us that when they took over the management of the service, they had identified gaps and had not felt things were sufficiently robust. They were working towards bridging the gaps and ensuring records were up to date.

During our inspection we identified some areas that required attention that had not been picked up by the quality monitoring system. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Since our inspection the manager has sent us action plan of all the actions taken in response the findings during the inspections. This gave us confidence the registered manager recognised the areas where improvements were required to address the concerns we identified on our inspection. However, the quality monitoring system needs to be fully implemented and embedded into practice.

We found Alexander Court worked in partnership with other services in the community, such as come and join fun with children, summer fetes and street parties.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded

to CQC had been submitted. However, evidence gathered prior to the inspection confirmed that a number of notifications had not been submitted by the previous registered manager.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not supported to maintain their dignity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider was not following the principles of the MCA Act and the best interest process.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care records were not updated to give staff clear guidance on how to support people safely
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	The nutritional and hydration needs of service users were not always met and recorded consistently
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not assess, monitor and mitigate risks relating to peoples health.

The provider did not maintain securely an accurate record in respect of each service user, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.

The provider did not maintain records in relation to the recruitment of persons employed in the carrying out of the regulated activity,

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There was not always sufficient staff deployed to meet people's needs in a timely manner.