

Hallmark Care Homes (Wokingham) Limited

Alexandra Grange

Inspection report

Oaklands Drive
Wokingham
Berkshire
RG41 2RU

Tel: 01189123210
Website: www.hallmarkcarehomes.co.uk

Date of inspection visit:
02 August 2016
04 August 2016

Date of publication:
02 September 2016

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 2 and 4 August 2016 and was unannounced. Alexandra Grange is a residential care home for older people some of whom have some degree of dementia. The home is arranged over three floors with the middle floor dedicated to people who have a diagnosis of dementia. It can provide accommodation and personal care for up to fifty eight people at any one time. On the day of the inspection forty four people were using the service.

At the time of the inspection 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 2008 and associated Regulations about how the service is run.

The provider completed thorough recruitment checks on potential members of staff. Maintenance and checks of the property and equipment were carried out promptly and within required timescales. Checks on fire alarms and emergency lighting had been completed in accordance with the provider's policy and manufacturer's instructions.

There was a system to ensure people received their medicines safely and appropriately. The quality of the service was monitored by the registered manager and the provider through gaining regular feedback from people and their representatives and auditing of the service. The provider had plans in place to deal with emergencies that may arise.

People who use the service were able to give their views about the quality of the care provided. Relatives, community professionals and commissioners told us they were very happy with the service they received from Alexandra Grange and felt that people were safe using the service. The service had systems in place to manage risks to both people and staff. Staff had good awareness of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for them to use if they had any concerns.

People were treated with kindness, dignity and respect. They were involved in decisions about their care as far as they were able and relatives/representatives told us they had been asked for their views on the service for particular individuals. People's care and support needs were reviewed regularly. The registered manager ensured that up to date information was communicated promptly to staff through regular meetings.

Staff felt very well supported by the registered manager and care manager (deputy manager) and said they were listened to if they raised concerns and action was taken without delay. We found an open culture in the service and staff were comfortable to approach the registered manager or any member of the management team for advice and guidance.

Staff understood their responsibilities in relation to gaining consent before providing support and care.

People's right to make decisions was protected. New staff received an induction and training in core topics.

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 is safe.

Recruitment procedures were robust and protected people.

Testing of fire equipment was carried out in accordance with policy and essential maintenance of the property was completed promptly.

There were risk assessments for the property and equipment in place.

There were sufficient suitably skilled and experienced staff to meet people's needs. Individual risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

Is the service effective?

Good ●

The service is effective.

People were supported by staff who received relevant training and updates to enable them to meet their needs. Staff met regularly with their line manager and each other for support and to discuss any concerns.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent and mental capacity.

People were supported to be healthy and have enough to eat and drink in order to maintain a balanced diet.

Is the service caring?

Good ●

The service is caring.

We observed and we were told that people were treated with kindness and respect. People were encouraged and supported

to maintain their independence as far as possible.

People's privacy and dignity were maintained and they were involved in their care. Staff knew people's individual needs and preferences well.

Is the service responsive?

Good ●

The service is responsive.

People's needs were assessed regularly. They and their relatives, where appropriate, were involved in planning their care.

People were offered choices and their decision was respected. People were supported in ways which took account of their wishes and preferences.

Information on how to make a complaint or raise a concern was readily available.

Is the service well-led?

Good ●

The service is well-led.

There was an open and inclusive culture in the service. People responded well to the registered manager and management team. Staff and relatives told us they found the registered manager approachable and said she listened to them.

The quality of the service was monitored. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had opportunities to maintain links with the community.

Alexandra Grange

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.

The inspection was carried out by one inspector on 2 and 4 August 2016. The visit was unannounced and was a comprehensive inspection. At our last inspection in January 2015 we found that the service required improvements in safe, effective and well led with a breach of regulations in relation to the safe administration of medication. We followed up our concerns at a focussed inspection in May 2015 where we noted that improvements had been made. However, these improvements had not been sustained over a period of time. At this inspection we found that there had been significant improvements in all areas and there was evidence that the improvements were now well established and on going.

Before the inspection we contacted twenty four health and social care professionals including local authority care commissioners to obtain feedback from them about the service. We received eight responses. We checked notifications we had received. Notifications are sent to the Care Quality Commission by the service to inform us of important events that relate to the service.

During the inspection we spoke with twenty members of staff in private, including the registered manager, deputy manager, hospitality manager and two team leaders. We also spoke with six members of the care staff, two of whom had shift leader responsibilities. In addition, we spoke with the two chefs and three members of the support team including the administrator, a receptionist and a housekeeper. We were able to meet with two members of the regional management team whilst they were routinely visiting the home to conduct audits and a visiting social worker. We were able to obtain feedback from people who used the service and spoke with four people in private. We spoke with five relatives at the home about the quality of the service that was provided for their family member one of which was on the telephone. Two relatives of people and an advocate provided email feedback about the service and care provided. We observed staff supporting people throughout the course of the inspection.

We reviewed the care plans and associated records for five people receiving a service. We examined a

sample of other records relating to the management of the service including staff training, health and safety, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for three of the most recently employed care staff members.

Is the service safe?

Our findings

People who used the service told us they felt safe. A local authority commissioner told us, "Yes I am confident that people are safe and being well cared for. I have never had a resident or family member report back to me that they or family member was in danger and not respected." Another visiting professional told us, "The people I have seen in the lounge and activity rooms appeared to be happy and well looked after, so I have no concerns about their safety or treatment." Four relatives told us they felt confident their family member was safe when using the service.

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns was readily available to all staff. Staff were aware of the company's whistle blowing procedure and knew how to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. We saw from the service's safeguarding records that any allegations were taken seriously. Incidents were reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. The records contained details of actions taken by the service as well as the outcomes of any investigations. All safeguarding concerns were acted upon without delay and appropriate action was taken including informing relevant personnel. The local authority safeguarding lead told us that there were no current concerns with the safety of people at the home. The registered manager told us of a very recent allegation by a person which they had dealt with appropriately.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. We saw that the recorded information was detailed and staff told us there was sufficient information for them to ensure they kept people safe. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. Each person had a personal emergency evacuation plan, a summary of which was held by the hospitality manager.

Written risk assessments relating to the health and safety of the service and the premises were very detailed and well ordered. We saw that there were controls in place such as radiator covers and window restrictors. Regular checks were carried out to test the safety of such things as water temperature, legionella, gas appliances and electrical equipment. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. We saw that a fire authority inspection had taken place in June 2015 which had found that the service was broadly compliant. An up to date fire risk assessment for the buildings was in place. Walk through fire drills were conducted twice each year and involved staff acting as residents. These were arranged at different times of the day to ensure that all staff and people living in the home experienced evacuation procedures over a range of times and circumstances. The fire training was delivered by the hospitality manager who checked staffs knowledge in a variety of ways including asking staff randomly, "what zone are we in". A food safety inspection was undertaken by the environmental health department in May 2015. A maximum five score rating was awarded as a result of the inspection and the report commented "Excellent standard of hygiene".

Recruitment practices helped to ensure people were supported by staff who were of appropriate character. We looked at the recruitment records for the last three appointed care staff members. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment and gaps in employment history were explained.

Application forms were fully completed and notes from interviews were kept and formed the basis for future supervision and training needs.

Staffing levels were dependent upon the needs of individuals being supported at any given time and were flexible. The Registered Manager was able to use additional staff if the needs of people changed through illness or when particular events had been arranged. The current ratio was for deployment of one team leader and two care assistants on the ground floor which at the time of the inspection had 14 people. The second floor was the same staffing ratios for 13 people and the middle floor for the current 18 people with dementia was one team leader and four care staff. The middle floor also benefitted on at least one day per week by an extra team leader who was supernumerary and a designated dementia specialist. The individual appointed as the dementia specialist had been recruited earlier this year and had been particularly praised by relatives for her intuitiveness, attention to detail and professionalism. The ground and second floors also benefitted from a residential specialist who had clearly defined responsibilities such as for liaising with other professionals and medicine stock control. The night cover consisted of two team leaders with one care assistant allocated to the ground floor and two on each of the middle and second floors.

Any gaps in the rota were covered by staff working additional hours, which had significantly reduced reliance on agency staff. A few permanent staff worked long day shifts, however, this was voluntary. The staffing levels ensured people's needs were met promptly in line with their support plans. Some staff told us that there had been a high turnover of staff previously but this had now settled and it was considered that overall there was enough staff on duty to keep people safe. We were told by the registered manager that staff numbers was now at 100% but staff would still be recruited over and above this figure to ensure adequate staffing to cover absences and holidays etc.

People's medicines were stored and administered safely and staff had received training in the safe management of medicines. Staff who were involved in medicines management had their practical competency tested regularly. The provider had a clear medicines policy and procedure. Medicines were stored in a locked cabinet located in designated rooms on each floor of the home. The administration of medicines was supported by a specific IT software package. This had proved highly effective at reducing the number of medication errors. Each person had been assessed to ensure the support they required with their medicines was individual to them. Medication records were detailed and provided information on how each person liked or needed their medicine to be administered. Each person's medicines file contained a recent photograph of them and information about the specific medicines they had been prescribed.

The deputy manager conducted a monthly audit of the medication arrangements. In addition, a peer review of the electronic medication record was conducted following each administration round which was signed off as accurate by the peer reviewer. In the rare incidences where any error was found this could be rectified without delay to ensure that there were no adverse effects on the person concerned. We observed part of the lunchtime medicines administration round on the first floor. A tabard was worn clearly identifying the administering staff member in order to reduce the potential for them to be distracted by others. Hand washing and all other procedures were adhered to including the securing of the medicine cabinet and medicines storage room between each person being given their medicines. The procedure included clear guidelines in respect of the need for people's photographs to be updated at least six monthly and weekly

cleaning of the medicines trolleys. A pharmacy visit was conducted in June 2016 where only minor good practice issues were highlighted and we were advised that these had already been implemented.

All accidents and incidents were recorded by staff before being reviewed and investigated, if necessary, by the Registered Manager. These audits were conducted on a regular basis and were accessible and monitored by the regional manager and the clinical area manager. Accidents and incidents were included in a weekly telephone (compliance) call with a member of the regional team for discussion and action if appropriate. Analysis of incidents was discussed with the staff team to identify actions to reduce them in the future and these were recorded as part of risk assessment reviews. The provider had a business continuity plan which included arrangements for alternative accommodation and procedures to follow in events such as fire, flooding, storms and loss of utilities. We saw that this document had been reviewed in January 2016.

There were clear infection control procedures in place. There was a dedicated housekeeping team who worked to a specified schedule. Each day's tasks were allocated to individual staff every morning at the housekeeping team meeting. The schedule included detailed frequencies for areas to be cleaned for each floor, how this was to be done and whether this needed to be a deep clean. Items such as kick plates on doors, curtains, replacement of toilet brushes and lime scale checks were also included in the periodic schedule. Overall the home was highly ordered, clean and with no evidence of unpleasant odours. We saw and were told that there were always sufficient supplies of aprons, gloves and protective goggles and that staff wore them when required. We observed a number of cleaning staff going about their business throughout the two days and replenishing paper supplies including hand towels in people's en-suites. We received a range of comments from people and their relatives including, "The home is always immaculate", "It's very clean and always kept clean", "The public areas are about as close to spotless you can get in the circumstances", and "Cannot fault the cleanliness".

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and the provider. Staff knew people well and understood their needs and preferences. A relative told us, "I have no complaints about any of the staff that I have met, nor the care they give to my father." Staff sought people's consent before they supported them and discussed activities with them. A local authority commissioner told us, "From my experience, yes I believe that all health needs are addressed within a timely manner and recorded."

Staff received an induction when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Training was refreshed for staff regularly and further training was available to help them progress and develop. Staff told us the training opportunities were very good and the management support was high. The oversight of staff training was the responsibility of the deputy manager and the hospitality manager respectively. We were provided with the training matrix for all staff which recorded all the training individual staff had undertaken and where updates were required. The organisation had a clear career pathway for carers which provided financial reward for qualifications obtained.

Individual meetings were held between staff and their line manager on a regular basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Staff told us that these meetings were useful and supportive. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were told and observed that there was an open door to the registered manager. Staff spoke highly of the registered manager and the deputy manager together with the ethos in the home. They described a supportive atmosphere where members of the management team and more experienced colleagues could always be approached to seek advice and guidance.

Staff meetings were held regularly for different staff groups. These were designed to provide opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property. In addition, there were opportunities for staff to contribute and express their views and ideas at any time. A whole staff meeting was held approximately every six months. Staff confirmed they attended staff meetings regularly. They told us they felt listened to at the meetings and found them helpful.

People's rights under the Mental Capacity Act 2005 (MCA) were fully understood by the management and staff team. 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 the least restrictive option.

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 and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had considered at length whether referrals were relevant for each of the people living in the home. Appropriate DoLS applications had been made and authorised.

All staff had received Mental Capacity Act 2005 and DoLS training. They were able to explain what a deprivation of liberty was and the action they would take if they were concerned that they had to deprive someone of their liberty. The registered manager and the management team had an excellent understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected.

Appropriate referrals were made to other health and well-being professionals such as GP's, healthcare consultants, dieticians and district nurses. We spoke to a social worker who was visiting the home and had been involved with the service for some time. They told us that referrals were always appropriate and that the manager and staff provided good support for health care needs and were brilliant with responding to their queries. People were supported to attend specialist appointments and regular check-ups such as annual health reviews, dentists and opticians appointments. Each person had a health and well-being section within their care plan. This included the history of people's health and current health needs. Records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation. One relative told us that staff were sensitive to their relatives needs and following a recent hospital admission, "The hospital instructions were followed to a 'T' and as a result the healing process went extremely well."

People were offered good quality food which met their identified individual needs. Nutritional needs were assessed and any specific requirements were included in their care plans. The support of a dietician was sought as required. People ate in their own rooms or within the communal dining area, as they chose. Staff did encourage individuals to participate in communal dining in order to prevent isolation. However, they were respectful of people's choices. We observed during the lunchtime period that staff appropriately supported people to have their meal. Staff worked with people to ensure they had sufficient to eat and drink and according to their preferences. Each person's preferences, likes and dislikes were recorded in their care plan. We were told about the use of show plates which detailed the choices available to help people decide what to have. However, we did not see these being used during our observation. There was a four weekly rolling menu plan which was reviewed every six months on a seasonal basis. People were supported to be involved with menu planning and individuals told us that there were meetings (resident's forum) where they were asked for feedback about the food and meal plans. Recent requests had included lobster salad, crab and calves liver. Staff recorded and monitored people's diet and nutritional intake when they were at risk of insufficient sustenance.

The newly appointed chef and kitchen staff prepared meals seven days per week. The food provided was freshly prepared. We saw records which confirmed that regular temperature checks were undertaken on fridges and freezers and food at the point of delivery. Temperatures were also checked at the point of serving from the food trolleys on each floor which was recorded on a new format. Defrosting of food was part of the recording systems. We saw that there were records for detailing each person's preferences and/or allergies/dietary needs. The provider employed an 'executive chef' who visited the homes on a regular basis to provide guidance on special dietary needs, presentation and training.

The home was purpose built and arranged over three floors. All bedrooms had an en-suite fitted and were

personalised by the occupants with furniture and personal effects, if they chose. People we spoke to were happy with their rooms. We were told that when a room became available it was subject to complete refurbishment ready for the next occupant. There was a range of assisted bathing facilities available. Maintenance issues could be raised by any member of the staff team at the morning meetings, or they recorded the details in a reporting book which was kept in the reception area. Once addressed an entry was made to record the action taken.

Is the service caring?

Our findings

On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, the Registered Manager and supporting staff. People told us that they liked living in the service. People were supported by care staff who were committed to their well-being and were kind and patient. We saw that staff explained to people what they were doing and why and asked for their permission before they undertook any task. People responded to staff's gentle approach and were comfortable to communicate their feelings. We received feedback from a relative who told us, "The staff genuinely care about the residents – I have been very pleased with this", and, "Staff are very pleasant, cheerful and courteous." Another said, "I cannot fault the care". Yet another said, "I have no complaints about any of the staff that I have met nor the care they give to my father. They are always friendly whether we are in Monarch or downstairs in the cafe."

Staff had detailed knowledge of the people using the service. They knew what people liked to do, the type of thing that may upset them or help them to feel content. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through handover meetings, informal discussion with other team members and reading the communication book at the start of every shift. Feedback from staff about the service and care provided was overall very positive.

People were supported to maintain their independence as far as possible. Staff encouraged people to make choices and take part in activities such as music, singing and religious ceremonies. Individual care plans gave staff guidance on how to promote people's independence and choice. We observed some people going and returning from activities. Support was offered in a calm and patient manner. Staff always asked people for their opinion and offered choice and help when required. People were as involved in the care planning and review process as they were able to be and their involvement was recorded in daily notes. With people's consent their families or others who could represent them, were kept informed of how they were progressing. Families and representatives were invited to reviews of care if people wanted them to be there and if it was appropriate. One relative told us, "I have recently had a very thorough care review which was excellent with good action points and feedback but prior to this I hadn't had a thorough review for over a year."

Staff maintained and promoted people's privacy and dignity at all times. Staff received training in privacy and dignity issues and were able to describe what action they took to make sure that people were respected. They also told us how they encouraged people to maintain their own privacy. One visiting social care professional provided feedback which stated, "From my experience visiting Alexandra Grange I have seen residents are always treated with respect and dignity." Everyone in the home was dressed in their own clothing which had clearly been laundered well. One person told us that the laundry was very efficient and respected people's clothes by laundering them appropriately and according to labelling instructions.

People's diversity was respected as part of the strong culture of individualised care. Care plans gave detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People

were provided with activities, food and a lifestyle that respected their choices and preferences. Care plans included people's life choices and preferred occupational activities. Some people told us they liked to read or watch the television. While others told us they like to join in with the daily organised activities. Without exception people told us that they were treated with kindness and respect.

Is the service responsive?

Our findings

The service offered people person centred care and was committed to improving this approach at every opportunity. Staff were trained and guided to provide person centred care and people's care plans were individualised and focussed on them. We were told by the deputy manager that regular reviews of care plans which entailed constructive feedback for staff had resulted in improvements in the standard and quality of recording. Information in support plans included people's daily routines, their preferences and how to support their emotional needs. It was clear if a person could do things independently or if they required support. We were told by two members of the care staff that tasks within individual care plans were not always followed but they intended to raise this at the next team meeting. The skills and training staff needed to offer the required support was noted and provided, as necessary.

Each person had their needs assessed using a specific tool to capture relevant information prior to moving into the home. The registered manager and deputy manager usually undertook the initial assessments but staff did say that they were sometimes involved in the visits to people's homes or hospital before they moved in. A formal review of the care provided was held once a year and if people's care needs changed. This was an area that had been comprehensively implemented under the management of the current registered manager. We were told that the home went to great lengths to provide person centred care. People's interests, hobbies and previous experiences were recorded as they became known. This helped to ensure that care was provided which was individual to each person. One community professional told us that, "Yes – I have never heard negative feedback regarding this establishment." People were provided with a range of information when they moved into the home which explained some of the procedures and what they could expect with regard to their care.

Care plans were reviewed regularly by the registered manager, deputy manager or team leaders with the person and took account of the daily notes written during the month and any changes in needs. The deputy manager had introduced a system of peer review of daily notes which had enhanced understanding and standards. Additional reviews took place if people's needs changed whether in the short or long term. We saw that there were a number of forms used to record areas such as communication, mobility, emotional wellbeing, tissue viability and behaviour if relevant for each individual. One health care professional told us, "[name] (The registered manager) has always been able to answer any questions I have about any of the residents." Another told us that they are always informed of changes and are kept up to date with any developments.

We spoke to a visiting social worker who had been visiting a person living in the home on a regular basis for some time. She told us that the care provided and care plan recording had been extremely person centred and had been very helpful in ensuring that the person had settled into the service as smoothly as possible. The home had been particularly responsive to an issue involving the use of bedrails which had been resolved to the satisfaction of all including relatives.

People were offered a variety of activities and supported to participate in those they enjoyed seven days per week. All activities were clearly advertised in a monthly programme displayed throughout the home. There

was one full time activities co-ordinator called a lifestyle manager who was assisted by two part time lifestyle coordinators. Each day there was on average four to five activities to choose from. There were regular coffee mornings in the onsite café which included a variety of cakes made in the homes kitchen. There were exercise and Tai Chi sessions and a variety of regular clubs such as gardening, films and knitting. A range of social groups was organised for pre-lunch sherry/port drinks and after dinner drinks. There were scheduled art and craft sessions and board game meetings. The home also used regular volunteers and all activity staff wore distinctive yellow tops to aid recognition. A minibus was hired on average twice per week for outings outside of the home where a variety of interesting venues were visited. All outside activities were risk assessed and evaluated for satisfaction. In addition, activities could be individually tailored and examples were provided which had positively impacted on people. There were two hairdressers covering five days each week and a manicurist and therapist for massage and associated activities, available a minimum of three days per week. Activities could be taken to people's rooms for one to one time and three visiting priests provided group or individual worship.

The registered manager had introduced an 'It's my day' initiative which was designed to ensure that everyone was engaged with the service and their care regularly. It involved each person having one day per month where there was extra focus on them. They could have a special meal prepared in the kitchen, have their hair and nails done, room deep cleaned, discuss their care and aspirations or do something that was unique for them. In addition, all relevant paperwork for this individual was reviewed and updated and views from relatives and other stakeholders were sought where appropriate. This had proved successful and was positively commented on by staff and the people.

The provider had implemented an initiative called 'Grant a Wish'. This applied to one person per month across all the provider's homes. It involved granting a wish for an individual wherever possible and practical. We were told of a recent example of a resident in Alexandra Grange where they had been collected by a chauffeur driven Rolls Royce, together with their daughter, and taken to London for lunch and a river cruise. This had been a special day for this individual and was still being commented on by him and those around him.

People, their families, friends or advocates were able to complain if they wanted to. The service's complaints policy and procedure was produced in an easy read format. Staff were aware that some people were unable to make a formal complaint without assistance and were able to describe how people would let them know if they were not happy. The service had not received any complaints during the previous six months.

Is the service well-led?

Our findings

Staff described the registered manager and the management team as, "Always approachable and very supportive." And, "Management are highly skilled." They told us that the registered manager made them feel valued and an important part of the staff team. The registered manager was described as, "Fantastic and adaptable." And, "Things have improved massively since she was appointed." A relative told us that the registered manager was, "Outstanding, she is the best thing to happen to this home." Another said, "She is very professional." Staff said they and the registered manager were committed to giving people the best possible care and experiences. Staff described the culture of the service as open and positive. A health care professional told us, "My experience of Alexandra Grange is of a well-run, professional, responsive & welcoming home, they managed the rapidly increasing needs of my customer with appropriate care, compassion and good humour too!" A local authority representative told us, "I am confident that the scheme treats residents incredibly well, and that the scheme is managed professionally and is very person (resident) centred."

There were three members of the senior management team and their working arrangements ensured that there was a management presence in the home seven days per week. Various staff and relatives of people positively commented on this arrangement as it provided much better support than was the case previously. The vast majority of staff we spoke with said that they experienced high management support with some commenting that it was the most supportive home they had ever worked in.

Staff were aware of their responsibilities and understood how they related to the wider team. Staff informed us the registered manager or senior staff were always available to provide guidance and advice when required. Throughout the course of the inspection the registered manager was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. Staff confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

The registered manager told us that the quality of care provided was regarded as crucial to ensure that people's well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service. People told us that they were well cared for and that staff were knowledgeable about their needs and interests. The organisation had a reward approach to outstanding practice which involved a range of staff awards for specific roles or achievements. A number of staff at Alexandra Grange had been nominated and had received recognition awards for their contributions.

There were meetings held for relatives which had a supportive element. Some relatives told us these were extremely helpful when their family member may have started to experience symptoms of dementia as other relatives could provide reassurance and support. There was also an opportunity for information exchange at these meetings when the registered manager would provide updates on any forthcoming plans for the home whilst seeking feedback from the attendees. We were told that all relatives receive the minutes of these meetings whether they attended or not and this was confirmed in our communications with relatives.

The registered manager and the management team conducted a range of audits including monthly medication and weekly care related reviews. Monitoring of significant events such as accidents and incidents was undertaken regularly by the registered manager which was overseen by the regional manager and regional care specialist. This was in order to identify any trends or patterns so that action to prevent reoccurrence could be taken without delay and to ensure that the registered manager was accountable for all actions and any learning for the staff team. In addition, a two day internal health and safety audit was carried out over two days each month to identify any deficits. Infection control systems were monitored monthly to ensure that all procedures were being adhered to.

There was a regional compliance team which monitored the service through a range of visits, initiatives and monitoring tools. Regional manager's audits were conducted three monthly and conclusions were captured in a service improvement plan. The service improvement plan was a live electronic document which was updated and added to following identification of issues and any remedial actions taken. A health and safety quality assurance assessment was undertaken by the organisation on 24 May 2016. This concluded that Alexandra Grange had a positive safety culture with a high standard of record keeping. It also found that there was competent management in place. An internal compliance assessment was undertaken in January 2016 which assessed against the five key questions as to whether the service was safe, effective, caring, responsive and well led. We saw that the overall conclusion in the report was that the service was good.

Mystery shoppers were used to test the recruitment practices and entailed enquiry telephone calls to the home regarding vacancies. It was reported that in May 2016 the home scored 40% on a pre-prepared checklist but this had risen to 100% by June. The organisation produced company newsletters on subjects such as health and safety and compliance and governance. These provided information about the organisation as a whole, new initiatives and directives and latest industry and relevant guidance.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist district nursing health team, local authority commissioners and GP's. One community nurse said of the manager, "She has always been able to answer any questions I have about any of the residents. I believe we are informed when they need help or support – this is rare but I feel that that is because they are able to manage many of their problems within their own resources." A member of the local authority commission team sent feedback, "Having personally spoken to the manager, I do believe that the service is well managed and thankfully I have not had a need to have any reports of concerning incidents."

People, staff and stakeholder views were collected and listened to. An anonymous staff survey was used to capture honest feedback from staff. A formal system for capturing people's feedback and views was also used in addition to the formal individual review process. We saw some of the comments from the most recent exercise which overall were very positive. An advocate provided feedback which stated, "From my visits to the home I believe that the residents are well cared for and are provided with a cheerful clean environment in which to live. They are encouraged to join in the daily activities which I believe is important to keep elderly residents engaged with others." A visiting professional advised, "There appears to be a vast array of activities on offer for residents and the scheme is very clean and tidy and has a very 'homely' feel to it."

People's needs were accurately reflected in detailed and up-to-date records which were improving all the time. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were very detailed, accurate and up-to-date.

