

HC-One Limited

# Alexander Court (Sheffield)

## Inspection report

2 Lydgate Court  
Lydgate Lane, Crookes  
Sheffield  
South Yorkshire  
S10 5FJ

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Website: [www.hc-one.co.uk/homes/alexander-court](http://www.hc-one.co.uk/homes/alexander-court)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Alexander Court Nursing home is providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

### People's experience of using this service and what we found

The provider had taken steps to address issues raised at the last inspection to ensure staff were recruited safely. Infection prevention and control measures were in place and we were assured they were being followed. People told us they felt safe and relatives told us they thought their relations were safe in the home. Medicines were managed safely.

Training was up to date and staff felt well supported. Clinical staff kept their knowledge and skills up to date and were provided with additional training to meet any patient care related activity.

Changes had been made to the management of the service since the last inspection. The manager was developing the communication in the home through the involvement and development of staff. Staff were positive about the manager and changes that had taken place. Systems and processes to monitor the quality of the provision were in place and effective.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this was requires improvement (published 25 April 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about medication administration, records in relation to medicines and delivery of care. A decision was made for us to inspect and examine those risks.

We also undertook this targeted inspection to check whether the Requirement Notice we previously served in relation to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Good** ●

### Is the service well-led?

At our last inspection we rated this key question well-led. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Requires Improvement** ●

# Alexander Court (Sheffield)

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Requirement Notice in relation to Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to follow up on a specific concern we had about medication administration, medication and daily record keeping.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

Alexander Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post, they were in the process of applying for registration.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we have changed the way we inspect due to Covid-19 and needed to check with the manager what information we could review electronically and what we would need to look at on site.

Inspection activity started on 1 February 2021 and ended on 4 February 2021. We visited the care home on 3 February 2021.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

### During the inspection-

We spoke with 12 members of the team including the area director, turnaround manager, manager, deputy manager, administrative staff, two senior care staff, one care staff, two domestic, one cook and the activities coordinator. We spoke with five people who used the service and three relatives over the phone. We reviewed a range of records. This included three people's daily care records and sampled care records for three other people and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were safe recruitment practices in place. This was a breach of Regulation 19 (Fit and proper persons employed), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were enough staff to ensure people received safe care. People told us, "On the whole there is, times when people are ill, occasionally we have had agency staff, but not lately we've had our frequent staff" and "There are plenty of staff."
- Staffing levels were reviewed on a regular basis.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

### Using medicines safely

- Medicines were overall managed safely.
- People received their medicines as prescribed. People told us, "I get my med's three times a day, they put them in a pot and I take them myself", "They bring my medicines at regular times, they are very consistent" and "They bring on time, it does vary, but they don't forget".
- There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Records showed staff were up to date with medicines training. One staff member told us, "I have regular checks completed by the nurse, she observes me doing the medication round to make sure it's done correctly".

### Preventing and controlling infection

- The service was clean and tidy. People told us, "It's clean here all the time" and "It's very clean and my room is always clean".
- There were enhanced cleaning schedules in place to include high touch areas which were regularly checked to ensure completion.
- People and their relatives told us that staff wear PPE. Comments included, "Staff always wear their masks" and "Staff always wear their PPE, they are very keen on it".
- There were robust procedures in place to support visiting when it is safe to do so.
- Staff were cohorted as much as possible, which involved staff working with the same colleagues and being allocated to a specific floor. This helped reduce the risk of the virus spreading throughout the service.
- Staff had completed infection control, PPE and hand washing training. The home had purchased UV lights, which were used during spot checks to ensure staff had washed their hands appropriately. The home also completed regular competency checks.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff skills, knowledge and experience. We will assess all of the key question at the next comprehensive inspection of the service. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they were provided with training. Comments included, "I do my training on Touchstone which is an E-learning platform. I am happy with the training on offer. I am the training champion, so I encourage other staff to keep up to date with training".
- Staff were trained to be able to provide effective care. Clinical staff felt their nursing skills are kept up to date. Comments include, "I have refresher and brand-new courses for areas I haven't worked in before as well as the general ones to make sure our skills are up to date".
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as moving and handling, safeguarding, whistleblowing and person-centred care.
- A regular supervision and appraisal system were in place to ensure staff performance and practice was monitored and supported, which staff told us they found useful. Staff told us, "The supervisions are helpful, I have been encouraged to progress, it's really good", and "I have regular supervision, I can make suggestions and I think I would be listened to".

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The purpose of this inspection was to check a specific concern we had about governance. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems to monitor the quality and safety of care delivered were effective. This was reflected in the feedback gathered during the inspection, which was all positive about the service. A relative said, "The home is well run, we are invited to relative Zoom meetings we are kept well informed".
- Meetings to review clinical risks took place, this information was shared with the provider to ensure they had oversight of any clinical issues.
- Accountability arrangements were clear. A new manager had been appointed to take responsibility for the running of Alexander Court Nursing Home. They were supported by a deputy manager and administrative staff, who had a lot of knowledge and experience of managing the home. The manager was in the process of completing her application to become registered.
- Staff told us the organisation was well-run and they provided a good standard of care. Comments included, "It is now more organised and runs better, the covering manager has put systems in place which people follow, she gives staff good direction" and "We give the best possible care, we work in people's home; they're not living on our workplace".
- The service had clearly defined roles and all staff we spoke with confidently demonstrated their abilities to perform them as well as understanding the associated responsibilities. Staff consistently demonstrated accountability and commitment to the service.