

Fidelity Residential Ltd

Alexander Care Home

Inspection report

164 Rochdale Road
Bury
Lancashire
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Tel: 01617971104

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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

About the service

Alexander Care Home is a residential care home providing personal care and support to 28 people at the time of the inspection. The service can support up to 31 people.

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

People and relatives told us they felt the service was safe. The risks to people were assessed and minimised and people were protected from the risk of abuse. People were supported to take their medicines as required and there were suitable systems for ensuring the home was clean and equipment was safe for use. Some people we spoke with raised concerns about the levels of staff. We have made a recommendation that the registered manager review staffing levels to ensure staff are suitably deployed throughout the home.

People were supported by staff who had received a range of training to ensure they had the right skills to care for people. Staff worked closely with other healthcare professionals to ensure that people had the right type of support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People told us staff were kind and caring. People said they felt well-treated by staff and they were involved in their care. Staff supported people to maintain their independence and their privacy was respected.

Care plans were detailed and provided guidance for staff to support people with their care and support needs. These records were maintained and updated as required. People felt able raise any concerns and make complaints and these were addressed by the registered manager. A part time activity coordinator arranged a programme of activities and entertainment for people, but some people told us they would like more to do.

People, relatives and staff were happy and felt the home was being well run. People were supported by a team of staff who were happy in their jobs and well-supported by their managers. The registered manager completed a range of regular checks on the quality and safety of the service. People and their relatives told us the home had improved since the registered manager had started working there.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 01 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Alexander Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one Inspector, one Assistant Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alexander Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and local commissioning teams to obtain their views about the service. We contacted Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All this information was used to identify

key lines of enquiry as part of the inspection.

During the inspection-

During the inspection we looked at four people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; four staff personnel files, staff training records, policies, procedures and quality assurance audits.

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, team leader, care workers, night care workers, the activity coordinator, laundry assistant and chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training and knew how to keep people safe. There were policies and procedures to underpin this.
- Staff understood the whistleblowing policy and told us they would not hesitate to raise concerns. One member of staff told us, "I would report it and if here was nothing done I would take it further."
- People and relatives told us they felt safe and well cared for at the home. However, one relative raised a concern in relation visitors accessing the home. This was discussed further with the registered manager to ensure that people continued to be safe within the home.

Assessing risk, safety monitoring and management

- The home had a wide variety of generic and individual risk assessments. This included risks within the environment, equipment and risks based on individual's needs.
- The home had an alarm system in place so that people could raise the alarm in the event of an emergency. These were available for people in bedrooms and bathrooms. However, not everyone was aware of the alarms in communal areas and told us they often had to shout for assistance. We spoke to the registered manager who took immediate action to ensure call bells were accessible and visible in communal areas for the people living in the home to use.

Staffing and recruitment

- Systems for the safe recruitment of staff were in place. Recruitment files showed that appropriate checks, including references and checks with the disclosure and barring service (DBS) were being undertaken. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.
- The service had a dependency tool in place to establish the levels of staffing required. However, our observation on the first day was that staff were busy and task orientated which meant that communal areas were often left unattended for periods of time. However, on the second day of inspection things were calmer and staff, although busy, were able to spend short periods of time chatting with people.
- Staff had mixed views about staffing levels. They told us, "Generally staffing is okay. It requires a lot of time management and it would be nice to be able to spend the time with people when supporting them with food and drink and toilet. There are times when people may have to wait." "It is good most of the time, we do seem to have enough staff." and, "I think we could do with one more [member of staff]."
- People and visitors also had mixed views in relation to staffing. They said, "My biggest concern is that lack of supervision [of the people living in the home]" "I invariably visit in the afternoon and there is never a member of staff to be found." "I do have to wait but never for too long." and, "They [staff] are very busy. You don't see them for more than two minutes."

We recommend that the registered manager continue to review staffing levels to ensure sufficient staff are deployed throughout the home and available to support people when and where required.

Using medicines safely

- People were being safely supported to take their medicine as required. There were systems in place to ensure that people who required medicine at specific times received this support. Guidance was available for staff to support people with medicines that people only needed occasionally, such as pain relief.
- The registered manager had processes in place to undertake regular audits of people's medicines. We could see that where issues had been identified action was quickly taken. The home had recently received an audit from the local pharmacist, this was mainly positive, and action had been taken in response to any suggestions made.

Preventing and controlling infection

- The home has recently had an external infection control audit and had achieved a green rating which means that preventing and controlling infection practices were good.
- Staff had completed training to prevent and control infections and had access to suitable equipment such as disposable gloves and aprons.
- At our last inspection we found that the planned improvements to the laundry area had not been undertaken. At this inspection all work in the laundry had been completed and there was now a clear 'dirty to clean' pathway which promoted good infection control practises.

Learning lessons when things go wrong

- The manager had a system in place to analyse incidents, accidents and safeguarding and look for themes and trends. There was evidence that action was taken to reduce the risk of future reoccurrences.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- At the last inspection we found that some areas of the home were in need of redecoration. At this inspection we found that a programme of redecorating in the communal areas and ground floor had been completed. The décor of the communal hallways on the first floor was dated and there were plans to redecorate. The registered manager was aware of best practice for supporting people living with dementia and intended to consider this when making further decision about the décor of the home.
- The home had installed signage in the home to enable people living with dementia to orientate themselves around the home and remain as independent as possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care and support needs assessed and care was planned based upon these assessed needs. This information was reviewed regularly.
- People's care records contained a life history and background, which included information about choices and preferences.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they began working for the service and completed a variety of training. They said, "The training here is really good." "Our training is up to date. We've done things such as food allergies, food hygiene and supporting people with dementia recently." and, "I did shadow shifts when I first started. I am doing my NVQ in care at the moment."
- Staff told us they received regular support and supervision to enable them to undertake their roles. They said, "We have regular supervision, but you can just ask about anything. You can go to seniors for any help that you need." and, "We do have quite a lot of appraisals and supervision. It's worthwhile. You can tell them about your concerns if you have any."

Supporting people to eat and drink enough to maintain a balanced diet

- The chef had a good understanding of how to meet people's specialist dietary needs. Those who required a modified and softer diet due to swallowing difficulties had been assessed by Speech and Language Therapy (SALT) and this guidance was being followed by staff.
- People were able to choose the meal provided as part of the home menu or an alternative based on their choice and preferences. There were plans to improve the menu in order to offer more choice, and this was an agenda item for the next 'residents' meeting'.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We observed and viewed records that evidenced staff worked closely with visiting health care professionals to provide people with appropriate health care, including district nurses' and doctors' input.
- Care plans were updated to reflect the advice from health care professionals such as in relation to swallowing, dietary needs and pressure relief.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- The manager had suitable systems in place to ensure that where restrictions were in place, appropriate applications had been made. This included records which identified when a renewal was required and where conditions on the DoLS were in place.
- We observed that staff consistently requested consent from people before providing support with personal care. Staff understood the principles of the MCA and best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of the care staff. They told us, "They've been very good in here and have a laugh and a joke with me, especially at night." "The staff are lovely. They're jolly, all really upbeat which is really helpful for us as well." and, "They are all very nice and look after me very well."
- The staff we spoke with were committed to caring for people and spoke highly of the people they were supporting. Staff knew people and their care needs well and were able to tell us about people's interests and preferences.

Supporting people to express their views and be involved in making decisions about their care

- Our observations during the inspection were that people were encouraged to make daily life decisions as much as possible and these were respected by staff.
- Care records clearly evidenced that people's views and choice was considered and incorporated within these records.

Respecting and promoting people's privacy, dignity and independence

- The staff we spoke with had a good understanding of how to promote people's independence and told us, "We want to keep them walking as long as possible." Not everybody we spoke with felt they had their independence promoted, however our observations were that people were supported safely according to their range of needs and abilities to be independent.
- We saw that staff were respectful when interacting with people. Staff would talk to people at their level and ensure that their dignity and privacy was maintained when delivering personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were very detailed and covered a wide variety needs including physical and emotional health needs. These were reviewed regularly and updated to include any changing needs and advice and input from other health care professionals.
- People had a one page profile which provided an easily accessible overview of people's preferences and care needs and how they wished to be supported.
- People's religious and cultural needs and preferences were considered. The registered manager told us, "We take a person-centred approach to meeting a person's needs in all areas. It's very individual."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were policies to underpin supporting people to access information. The registered manager advised that they took a person-centred approach to information and would provide it in a format according to people's needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed an activity co-ordinator on a part time basis. We observed that some people engaged well with the range of group activities provided which included music and sing along, and physical activities and games. The activity co-ordinator had a good understanding of how to provide activities both on a one to one and group basis.
- People told us they would like more to do throughout the week and that they felt bored. They said, "It's a bit boring, I read but others just sleep." and, "There is a singer that comes, they are good. I would like to get out more. I get bored."
- We spoke to the registered manager about this feedback and they advised that had invested in resources and activities for people but that more could be done to make these readily accessible to people.

Improving care quality in response to complaints or concerns

- There were systems in place for people and their relatives to raise concerns and make complaints which included a complaints policy available to view in the reception hall and notice board, a suggestion box and the manager encouraged people to discuss an issued directly with them.

- We looked at how complaints were responded to and found that complaints were investigated, and action taken to prevent future reoccurrences. A response with feedback was provided to the complainant and apologies offered.

End of life care and support

- Staff told us that they had begun training to provide end of life care, but this had not been completed due to changes within the home. The registered manager advised this was an area they were hoping to implement so that the service could provide good quality accredited end of life care.
- The service had completed care plans in relation to end of life and had records of where a Do not attempt cardio pulmonary resuscitation (DNACPR) and advanced care plan was in place.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the service and the new manager and told us, "It's a lovely place. I think we have a great team here." and, "The new manager is lovely, they know their stuff."
- The registered manager was committed to delivering good quality and person-centred care. They told us, "I have been taking time to get to know people and the service and I have been focusing on getting the background stuff in place. The little things make a difference and give people a better experience."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home held staff meetings to discuss any issues and concerns. Staff told us they felt listened to, valued and the manager was available to support them.
- Staff and the people living in the home felt confident that the registered manager would respond appropriately to any concerns. They said, "The manager would definitely do something about it. They are always observing things around the home." and, "The manager seems to be approachable and open to listening to concerns."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a manager who was newly registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The registered manager, deputy manager and team leaders worked closely as a team to ensure there was appropriate oversight in all areas of the home with each having clear roles and responsibilities. The provider held regular meetings with the registered manager to discuss any issues and improvements in the home.
- The registered manager undertook a number of audits within the home which included accidents and incidents, and all equipment and paperwork used within the home. This information was used to identify areas for improvement and ensure the home was being safely run.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The people and relatives we spoke with all knew who the registered manager was and told us they felt

able to discuss any issues with them. They said, "I've not had much dealings with the new manager, but I did go to them regarding an issue and they got it sorted immediately." and, "The new manager is already changing things for the better."

- The service had a variety of strategies to engage and involve people using the service. This included annual surveys, comments and feedback books and staff, resident and relatives' meetings. Information about meetings was displayed on the notice board in the communal area and included information about actions taken from feedback.

Working in partnership with others

- We saw the service worked closely with other agencies and would seek advice when additional input and information was required. This included GP and district nurse services, speech and language therapy, opticians and podiatry.
- The home worked well with other organisations and engaged with the local community. For example, the home received visits from local religious organisation and schools.