

Tameng Care Limited

Alexandra Care Home

Inspection report

Wargrave Road
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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

The inspection was unannounced and took place on the 9 and 11 February 2016.

Alexandra House provides nursing care and support for up to 48 people in the Newton-Le-Willows area. The service has two floors, the ground floor offering residential care, and the first floor providing nursing care. There is an outdoor area which has a seating where people are able to sit. At the time of the inspection there were 43 people living within the service.

There is a registered manager in post within the service. 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 were protected from the risk of abuse. Staff had received safeguarding training and they were able to identify the signs and indicators associated with abuse. Staff were also familiar with how to report their concerns. Safeguarding incidents were reported to the local authority by the registered manager as and when they occurred.

People's care records were personalised and contained information around how they should be supported. People told us that care staff provided appropriate support that was in line with their preferences.

Recruitment processes were robust, and ensured that people were of suitable character to work with vulnerable adults. New staff were required to produce two references, one of which needed to be from their most recent employer. They were also subject to a check from the disclosure and barring service (DBS). A DBS check ensures that people are suitable to work with vulnerable people.

People were supported to take their medication as prescribed. Medicines were stored securely, and there were systems in place to monitor the quantities of medications kept, and to ensure that it had been administered appropriately.

Deprivation of liberty safeguards (DoLS) were in place for people who needed them. Staff had received training in the Mental Capacity Act 2005, and knew the basic principles of the Act. Staff also identified when a DoLS may be required for a person.

People's nutritional and hydration needs were met. People told us that they enjoyed the food and that there were different options available. People with special dietary requirements were supported to take their nutrition in line guidance from professionals. People were offered a choice of drinks through the day, which included tea, coffee and juice.

Staff were kind and caring in their approach to people, and there was a positive atmosphere throughout the

service. People told us that staff were respectful and that their dignity was maintained. Staff had received training in a variety of areas such as manual handling and infection control. There was an induction process in place for new staff which included a period of training, and shadowing more experienced members of staff.

People told us that there was a variety of activities available to them which they enjoyed. There was an activities co-ordinator in place who spent time doing group activities, or one-to-one sessions with people. This helped meet people social needs and protected them from the risk of social isolation.

People and their relatives were familiar with the complaints process, and told us that they found the registered manager to be approachable and responsive to their concerns. A record of comments and complaints was kept which outlined actions that had been taken in response to concerns that had been raised.

We drew the registered manager's attention to some areas of the environment that needed addressing, for example there were dirty mop heads in one of the cleaning cupboards and the lock to one of the sluice rooms was not working properly. We also found linen being stored on the floor in one cupboard. These issues were dealt with straight away. Other areas of the environment, such as the communal areas and bathrooms presented as clean and tidy.

There were systems in place to monitor the quality of the service by both the registered manager and the registered provider. These looked at areas such as accidents and incidents, pressure areas, care records and the environment. Information gathered from these processes was used to generate improvement by identifying trends and putting in measures to help prevent them from happening in the future.

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.

There were sufficient numbers of staff in place to meet people's needs.

Staff had undertaken training in safeguarding, and knew how to report any concerns.

Recruitment processes were robust which ensured that people were protected from harm.

Is the service effective?

Good ●

The service was effective.

Deprivation of Liberty Safeguards (DoLS) were in place for those people who needed them.

Staff had received training in the Mental Capacity Act 2005 and the associated DoLS.

People told us that they enjoyed the food at meals times and that a selection of choices were made available.

Is the service caring?

Good ●

The service was caring.

There was a positive atmosphere within the service and staff had a good relationship with people.

Relatives told us that they were made to feel welcome within the service.

People's confidentiality was protected by ensuring that personal information was kept in secure offices.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives knew how to make a complaint and felt confident that their concerns would be listened to.

People's care records contained information about people's likes and dislikes which enabled staff to deliver personalised care.

Is the service well-led?

Good ●

The service was well-led.

People knew who the registered manager was and felt that she was approachable.

People and staff were encouraged to give feedback about their experiences of the service in order to generate improvement.

There were systems in place to monitor the quality of the service and to make improvements where required.

Alexandra Care Home

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 unannounced and took place on the 9 and 11 February 2016.

The inspection was carried out by an adult social care inspector. Prior to the inspection we contacted the local authority safeguarding team, and contracts and commissioning team, who did not raise any concerns about the service. We also contacted Healthwatch who did not report any concerns.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we carried out a 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. We spoke with seven people who used the service and seven people's relatives. We also spoke with seven members of staff including the registered manager. We spoke with two external professionals who were visiting the service.

We reviewed the care records for four people and looked at recruitment files for three members of staff, as well as other records around the management of the service. We also made observations around the fabric of the building.

Is the service safe?

Our findings

People told us that they felt safe, comments included; "I feel one hundred percent safe here", "Yes it's safe here". We spoke to people's relatives who told us they felt people's safety was maintained, comments included; "[My relative] is well looked after here", "I don't have any concerns about [my relative's] safety". Visiting professionals told us that they did not have any concerns about people's safety.

We made observations on the fabric of the building, and drew the registered manager's attention to some areas that needed attention, for example the lock to one of the sluice rooms did not work which meant that the door would not close securely. There was a cupboard where linen was being stored on the floor, and we found a bag containing used mop heads in another cupboard. These issues were dealt with straight away. We found that other areas of the environment, such as communal areas and bathrooms were kept clean and tidy.

Checks were carried out on the environment and equipment to ensure it was safe. Maintenance records evidenced that checks had been completed to ensure the environment and equipment remained safe. There was an up-to-date Legionella certificate in place, and water temperatures had been monitored on a regular basis. Maintenance checks had been carried out on the lift to ensure it was safe, and lifting hoists were also being maintained. Records also indicated that fire alarms were had been checked on a weekly basis. People each had a personal emergency evacuation plan (PEEPS) in place, which gave instruction to staff on how to support people in the event of an emergency.

People were protected from the risk of abuse. Staff had received training in safeguarding people and they were familiar with the different kinds of abuse that could occur, and the signs and indicators associated with them; their comments included, "There may be bruising, or changes in people's personality", "People's money might go missing, or they may become timid". Staff also knew how to report any concerns they may have; their comments included, "I'd go to my manager, or contact someone higher up. I could go to social services too", "I'd go to the police if I had bad concerns, or social services". The registered manager reported any safeguarding concerns to the local safeguarding team in a timely manner.

There were sufficient numbers of staff on duty to maintain people's safety. We looked at staff rotas which indicated staffing levels were consistent. The registered manager showed us that they used a dependency tool to determine the number of staff required. People told us that they felt there were enough staff, and that they responded promptly to any requests for support. One person commented, "There's plenty of staff. I don't wait long if I press the buzzer".

We looked at the recruitment files for three members of staff and found that they each contained references from a previous employer and an up-to-date DBS check. The interview process was in-depth and helped ensure that people were of suitable character. This indicated that the recruitment processes were robust enough to maintain people's safety.

Systems were in place to ensure that medication was administered to people in a safe and timely manner.

Medicines were stored in locked cabinets in a secure room, and temperatures were monitored to ensure that they were kept at the correct temperature. Medication administration records (MAR) were used by staff to document when medication had been given. We looked at a sample of medication for three people and found that the quantity of medication in stock tallied with the quantities on the MAR chart. Staff had received appropriate training around medication administration.

Is the service effective?

Our findings

People told us that staff were skilled in their approach, comments included; "They're very professional when they support me", "They do their job very well". Relatives told us that they felt their loved ones were well looked after, their comments included; "You can't fault staff, they are very good". People also told us that they enjoyed the food and that they were given a variety of choices, their comments included; "Meals are really good quality", "The food is good", "There's choices available, you don't go without".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. We found that DoLS were in place for those people that needed them, and their care records contained information around mental capacity, and clearly outlined where a decision had been made in their best interests.

Staff had received training in the MCA and had a good understanding of how they would use the principles of the act in their caring role. Their comments included; "I make sure that I give people choices", "Some people are able to make their own choices, whilst others need help with making decisions in their best interest", "I gain people's consent before giving support". Staff also had a good understanding of DoLS and when they would be required. This meant that people's liberties were protected.

Staff had undertaken training in a variety of different areas, for example infection control, moving and handling and dementia awareness. The registered manager kept a record of staff training so that she knew if any staff training was outstanding. There was also an induction period for new members of staff which involved completing training and shadowing more experienced members of staff. This helped keep staff knowledge and skills up-to-date and in line with best practice.

Staff received supervision and appraisals on a routine basis. Supervision enabled staff and the registered manager to discuss any issues and to identify and action areas of development. We spoke with staff who told us that the registered manager was supportive during supervision sessions, and that they were of benefit. This helped ensure that standards of care were maintained.

People's care records contained information around people's dietary needs, for example specific information was available to staff on how to support those people who took their nutrition via a percutaneous endoscopic gastrostomy (PEG) feed. A PEG is where food and fluids are fed directly into the stomach via a tube. During meal times people with normal diets who required it, were supported to eat and

drink, and where they did not like an option staff offered an alternative. Where people requested second helpings, these were made available. People were also offered a selection of drinks throughout the day. This helped ensure that people received adequate diet and fluids.

People were supported to maintain good health and wellbeing. People had access to healthcare services, and we saw examples where people had been supported by the GP, dentist, optician and the mental health team. During the inspection one person became ill and staff responded quickly to make them comfortable and sought appropriate medical support.

Is the service caring?

Our findings

People told us that staff were kind and caring towards them, their comments included; "Staff are all friendly and supportive", "Staff are very good, they're respectful". Relatives told us that they were made to feel welcome when they visited, their comments included, "Staff are approachable and I'm made to feel welcome", "Staff are welcoming when we visit".

People were happy and comfortable and there was a positive atmosphere throughout the service, with lots of laughter between people and staff. Staff were respectful in their interactions with people and we saw staff taking the time to sit and talk with people. One person enjoyed singing to the staff, which staff encouraged and applauded. We also saw that when one person became anxious, a member of staff sat with them and held their hand to comfort them. During meal times there was music playing and staff were enthusiastic and warm in their approach towards people.

People's dignity and comfort was maintained. Staff were mindful of people's privacy and dignity during personal care interventions. Staff comments included; "I always knock on people's doors before entering, I make sure curtains are closed if I'm helping with personal care, and I make sure people are covered up to make them feel secure" and, "I make sure I warm my hands up before caring for people, it mustn't be pleasant to be touched by cold hands". Staff were discreet when discussing people's personal care needs with them. We saw an example of this where staff supported one person to leave the dining room to use the toilet.

People were given choice and control over how their care was delivered. One person commented, "Staff are respectful. I feel in control" and, "They (staff), do what I ask when they're helping me in the morning". Staff demonstrated that they knew the importance of offering people choices, one staff member commented; "I make sure people have choices, like what clothes they would like to wear in the morning".

Each person had their own room which they had personalised by adding photographs and other items of interest. People commented that they felt the environment was homely and that they enjoyed living there; their comments included, "It's nice here, you couldn't drive me away" and "This is home for me" and "I'm really happy here". One person enjoyed sitting in the corridor and told us that the registered manager had given them a choice of pictures to put on the wall outside their room. People spent time in communal areas talking to one another and were cheerful and relaxed.

People's confidentiality was maintained. Files which contained personal information about people were stored securely in offices which were kept locked when not in use.

We saw an example where one person had been appropriately supported to access the local advocacy service. Advocacy is an independent process that ensures people have had the opportunity to express their views and opinions. This ensures that actions are taken in people's best interests. There were leaflets available which informed people how they could access advocacy support.

Is the service responsive?

Our findings

People told us that they enjoyed the activities that were available, their comments included; "There are enough activities to keep me occupied", "We've been on day trips to the local garden centre", "We have people come in to do talks, there's baking, memory games and bingo on a Friday". There was an activities co-ordinator in place who spent time doing group activities, or one-to-one sessions. People also commented that the vicar from the local church came to provide them with morning worship on occasions, and that the catholic church also held communion with people on Sundays. This indicated that people were being supported to engage in spiritual activities that had meaning to them.

People received individualised care and support. Care records contained information about people's personal history and likes and dislikes, for example one care record stated, "[name] likes to wear jogging bottoms and a t-shirt to bed", whilst another stated; "[name] likes a hot toddy at night". One person was supported to reduce agitation and anxiety through doll therapy. Doll therapy is intended to act as a source of comfort for people by providing them with a doll to hold. We observed that staff were respectful of this person's wish to hold the doll, and during meal times they asked the person's permission to place it on a nearby seat.

Care records were personalised, and outlined to staff how people liked to be supported. People confirmed that they had been involved in the development of their care and support, and told us that they received support that was appropriate to meet their needs. People's comments included, "I don't know how I'd manage without staff" and "The support is right for me".

Care records were reviewed on a monthly basis and were detailed and thorough. These were accurately updated to reflect any changes to people's needs. Daily records were completed for all people, which outlined the support that they had received. Records also included details of visits from health professionals and any contact and discussions with family members.

There were a variety of ways for people and their relatives to give feedback about their experiences of the service. There was a computerised feedback point on entering the building where people, relatives and visiting professionals could input feedback. The registered manager also went round on a daily basis to ask people about their experiences, which were then documented with the action taken as appropriate.

People and their relatives told us that they knew how to make a complaint and that they would feel confident in doing so, their comments included; "If I had a complaint I would talk to staff, or directly to the manager", "I would raise any concerns with the manager". People also told us that they were confident that the registered manager would respond appropriately to their concerns.

Complaints records were kept which contained details about the concerns raised and the action that had been taken to address these. We saw an example of action taken to promote a person's safety following an accident. Lessons that had been learnt from complaints were communicated to staff via a daily update from the registered manager and team meetings.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since November 2014. People and their relatives told us they knew who the registered manager was, and that she was approachable. Their comments included, "The manager makes herself visible, which makes communication easier. This has improved the service", "If I had any concerns I only need to see the manager" and "The manager is approachable".

People and staff appeared relaxed and happy within the service, which helped to create a positive atmosphere. The registered manager toured the service every day and spoke with people about their experiences of the service, which enabled her to respond to any comments in a timely manner. Staff told us that they found the registered manager to be supportive and approachable, their comments included, "She's a decent person and also very supportive as a manager", "She's supportive of my professional development", "I can go to her with any problems I may have". This contributed towards there being an open and positive culture within the service.

Feedback from staff and visiting professionals was encouraged through the use of electronic tablets. Any feedback that was not positive generated an alert to the registered provider and the registered manager, who had to action a response before the alert could be closed down. This feedback was then used to generate a report each month which was used to identify trends, and prevent issues from reoccurring. This enabled staff and other professionals to contribute to the development of the service.

There were systems in place to monitor the quality of the service and make improvements. Audits were completed by the registered manager on a daily, weekly and monthly basis which looked at areas such as medication, care plans and the environment. Information around accidents and incidents, and pressure sores was also analysed on monthly basis and used to identify people at risk, so that the necessary action could be taken to keep them safe. The registered manager completed observations during meal times on a monthly basis, to establish whether people were receiving enough support with their diet and nutrition.

The registered provider also completed quality audits, which included spot checks, along with a formal analysis of different areas of the service such as care plans, people's experiences and the environment. Actions were generated as part of these audits, which were followed up the registered manager and staff.

Team meetings were held on a regular basis and a staff handover was completed at the beginning and end of each shift. The registered manager also wrote a daily report for staff. These methods were used to communicate to the staff team, areas that needed improvement and the actions that needed to be taken. This demonstrated good communication and helped ensure that staff were kept up-to-date on important developments.

The registered provider and registered manager had responded promptly to concerns and had notified relevant professionals where appropriate, such as the local safeguarding authority. The CQC had been notified of any significant events that had occurred within the service. This ensured that actions could be taken to ensure people's wellbeing was maintained.

