Alexander House

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Inspection report

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East Sheen
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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

This was an unannounced inspection that took place on 5 December 2017.

Alexander House is a care home for up to 16 older people situated in East Sheen.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection in November 2015 all the key questions of safe, effective, caring, responsive and well-led were rated good and there was an overall rating of good.

People and their relatives found the home was a very pleasant and homely place to live with staff providing very good support and care, in a respectful way, that they enjoyed. People were able to do as they wished and join in the activities provided if they wanted to.

The atmosphere at Alexander House was warm, welcoming, enabling and inclusive. The visitors during the inspection said, they were always made welcome. The home provided a safe environment for people to live and work in and was clean and well maintained.

The records kept were thorough and up to date with care plans containing fully completed, clear information that was regularly reviewed. This meant staff were able to perform their duties appropriately.

Staff knew people they worked with and their likes, dislikes, routines and preferences well and treated everyone equally. They had the required skills, qualifications and were focussed on providing individualised care and support for people, in a professional, friendly and compassionate manner. Staff were aware of their responsibilities to treat people equally and respect their diversity and human rights. They treated everyone equally and fairly whilst recognizing and respecting people's differences. The registered manager and staff made themselves accessible to people and their relatives. Staff told us they had access to good training and support.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People and their relatives told us that the choice of meals and quality of the food provided was what they wanted and enjoyed. People were encouraged to discuss health needs with staff and had access to community based health care professionals, if they required them.

The registered manager and staff were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? 'The service remains Good.'	**Good**
Is the service effective? 'The service remains Good.'	**Good**
Is the service caring? 'The service remains Good.'	**Good**
Is the service responsive? 'The service remains Good.'	**Good**
Is the service well-led? 'The service remains Good.'	**Good**

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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 checked 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.

This was an unannounced inspection and took place on 5 December 2017.

The inspection was carried out by one inspector.

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. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit there were 15 people living at the home. We spoke with four people, four relatives, three staff and the registered manager. We observed the care and support that staff provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for three people and two staff files.

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.

Good

Is the service safe?

Our findings

People and their relatives said they thought the home was a safe place to live and they felt comfortable living there. One person told us, "I really like being here." A relative said, "A very safe place."

The home provided staff with policies, procedures and training regarding how to protect people from harm and abuse and staff understood the different forms abuse could take and action to take if encountered. Staff said that one of the most important facets of their role was keeping people safe from harm and abuse.

Staff were trained in safeguarding, aware of how to raise an alert and when this was required. Information about safeguarding was also available in the staff handbook. Any previous safeguarding issues were suitably reported, investigated, recorded and learnt from. There was no current safeguarding activity.

Suitably trained staff carried out assessments of any risks to people individually and this enabled them to live safely. Staff were able to evaluate risks for chosen activities with and for people against the benefits they would experience. Identified risk areas encompassed daily living, activities and people's health. There were regular risk reviews and the assessments were updated if people's needs and interests changed. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and as they occurred. These were also used as forums for discussion if something had gone wrong so lessons could be learnt.

Staff were trained in de-escalation techniques that were appropriate to each person and there was an organisational policy and procedure. Individual de-escalation guidance was contained in people's care plans as appropriate and any behavioural issues were discussed during shift handovers and staff meetings. The care plans recorded situations where challenging behaviour specific to a person may be triggered and there were plans that detailed the action to follow in those circumstances. Staff also monitored the effect behaviour had on other people.

There were general risk assessments for the home and equipment used that were reviewed. The home and its garden were clean and well maintained and the equipment used was regularly checked and serviced. There were also accident and incident records kept and staff had access to a whistle-blowing procedure that they knew how to use.

The recruitment process was thorough and the staff records demonstrated that it was followed. After short listing, the interview process included scenario based questions that identified if prospective staff had the skills, knowledge and experience to provide people's care. If there were gaps in prospective staff's knowledge or experience but the organisation felt they had the right attitude and potential, the person was employed. The process included prospective staff making informal visits to the home so that could meet people, get an idea of how the home ran and it gave people an opportunity to evaluate the candidates. Before starting work, references were obtained, work history checked for gaps and Disclosure and Barring Service (DBS) clearance obtained. If there were work history gaps staff were asked the reasons for this. There was also a three month probationary period. Staff were provided with a handbook that contained the

organisation's disciplinary policies and procedures.

During our visit there were enough staff to meet people's needs and support them. This was reflected in the way people did the activities they wished safely. The staff rota showed that support was flexible to meet people's needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

Medicine was safely administered to people, the staff administering medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. We checked people's medicine records and found they were fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover, audited and safely stored in a locked. It was appropriately disposed of if no longer required. There were medicine profiles for each person in place.

Staff were trained in infection control training and their working practices reflected this. There was also a good stock of gloves and aprons for giving personal care.

Good

Is the service effective?

Our findings

People made decisions about their care, what they wanted to do and staff were aware of people's needs and met them. Relatives were also involved in making and informed of decisions regarding people's care. People said the home and staff provided an enjoyable, comfortable and relaxed atmosphere delivering the type of care and support they needed. This was done in a friendly, enabling and appropriate way. One person told us, "I've been here twelve years and that's a good advert. Everything is fine." A relative said, "It doesn't matter when I come, ten out of ten for kindness, comfort and homeliness." Another relative told us, "It's like a family."

Staff received a comprehensive package of induction and annual mandatory training that they said enabled them to do their jobs. This was reflected in the staff practices observed. The induction was comprehensive, included core training aspects and information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive. All aspects of the service and people were covered and new staff spent time shadowing more experienced staff. This increased their knowledge of the home and people who lived there. Training covered the 'Care Certificate Common Standards' and included infection control, manual handling, medicine, food safety, fire awareness, and health and safety. There was also access to more specialist training to meet people's individual needs, such as diabetes and common health conditions for older people. There were staff training and development plans in place. Staff meetings, quarterly supervision sessions and annual appraisals gave an opportunity to identify any further training needs.

The home had also initiated the Namaste Care Programme that staff had received training in. The programme was focussed on enhancing the quality of life of people with advanced dementia through daily engagement in physical, sensory and emotional care practices by engagement with staff, relatives and people's surroundings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's care plans contained their consent to treatment and this was regularly revisited by staff that checked people were happy with their life styles and activities they pursued.

The mental capacity assessments were carried out by staff that had received appropriate training and were

recorded in people's care plans. Mental capacity was part of the assessment process to help identify if needs could be met. Mandatory training for all staff included the MCA and DoLS. They displayed a thorough knowledge of how to apply them to ensure people's human rights were respected.

The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and had been or were awaiting authorisation. Best interest meetings were arranged as required. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves.

People's care plans contained sections for health, nutrition and diet with full nutritional assessments carried out and regularly updated. Weight charts were kept as required and staff monitored how much people had to eat. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team, dietician and other health care professionals in the community. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

We saw people choosing the food they wanted and enjoying their meals. They told us the food was very good with plenty of choice and variety. One person said, "Meals are on time, hot and there is a good variety." Staff communicated well with people and understood the support they required at mealtimes. This was recorded in people's care plans. Staff took time to explain to people the choice of meals, what they were eating and enabling them to eat at their own pace. This enhanced the meal as a pleasurable experience with staff chatting to people and making sure they were enjoying the experience. Staff were seated and faced people at eye contact level when engaging them to re-assure and support them appropriately.

Staff had received equality and diversity training that enabled them to treat everyone equally and fairly whilst recognizing people's differences. This was reflected by the positive staff care practices we saw with people treated equally, with compassion, listened to and staff not speaking to them in a demeaning way. People had access to places of worship and cultural pursuits should they require them.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in people's needs and support as required. These included health care professionals such as district nurses and GPs. The home was also fully engaged with hospital admittance and discharge teams, providing and receiving information about people. The home also involved outside organisations that provided visiting volunteers that chatted with people and provided entertainment. This enhanced their enjoyment and quality of life.

Good

Is the service caring?

Our findings

One person told us, "I think it's fantastic, staff are so helpful and do things straight away when you ask them." Another person said, "It is charming living here." A relative said, "Staff attitude is very good. They are genuinely fond of people." Another relative told us, "Staff are so anxious to do everything they should for people."

People and their relatives said they enjoyed living at the home, were encouraged to be as independent as possible and could not be more satisfied with the registered manager, staff and the care they provided. Staff always treated people with the upmost dignity and respect and enabled them to maintain their independence as far as possible. People's needs were met in a kind, patient way and they were supported to do the things they wanted to do. Staff were friendly, helpful, listened to people and acted upon their views and valued their opinions. This was supported by the numerous positive care practices during our visit. Staff called people by their preferred name or title and interacted with them in an appropriately familiar manner that people enjoyed. Staff were able to tell us about people's individual likes, dislikes and preferences. They also made the extra effort to support people to enjoy their lives.

Staff were trained in how people's dignity and rights should be respected and this was put into operation. A staff member said that the people living at Alexander House felt like part of their extended family and were shown the same respect that they would show their own family.

Staff adopted a patient approach to providing people with care and support that meant people had time to decide what they wanted to do and when they wanted to do things. Everyone was encouraged to join in activities if they wished but not pressurised to do so. Staff also made sure people were included if they wanted to be and no one was left out. They facilitated good, positive interaction between people and promoted their respect for each other.

Staff spoke in a way and at a speed that people could comfortably understand and follow and were aware of people's preferred methods of communication. These were using single words, short sentences and gestures to get their meaning across. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned.

People, their relatives and staff were all very familiar with each other and there was an excellent rapport. Staff were also thoroughly acquainted with people's needs, preferences and met them. This stemmed from building up solid relationships, in some instances over a number of years and people were provided with a comfortable, relaxed and enabling atmosphere to live in.

There was access to an advocacy service through the local authority if required. Currently people did not require this service as everyone had family who could advocate for them. The home also had a confidentiality policy and procedure that staff were aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with people's agreement. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited. There were a number of visitors during the inspection, who told us they visited frequently.

Good

Is the service responsive?

Our findings

People told us that the registered manager and staff asked for their views and opinions and they were able to decide how and when staff provided care and support. They said the care and support they received was what they wanted and delivered in a way people liked. They were enabled to enjoy the activities they had chosen and if they had any concerns or problems, staff resolved them quickly. One person said, "People are treated as individuals" Another person told us, "Always plenty of activities." A relative said, "Everyone joins in." Another relative told us, "I've never seen staff not patient."

The registered manager explained that most people were self-referred and privately funded, but if a local authority commissioned a service, assessment information would be requested. The home also carried out their own care assessments and if people's needs could be met, people and their relatives were invited to visit. They could visit as many times as they wished before deciding if they wished to move in. The visits gave the home further opportunity to better identify if people's needs could be met. Staff told us it was important to take people's views into account so that the care provided would be focussed on people as individuals. Equally important was getting the views of people already living at the home and giving them an opportunity to say if they thought the person would fit in. People were provided with written information about the home that outlined what they could expect and what the home's expectations of them and their conduct was.

Care plans were based on the initial assessment, other information from previous placements and information gathered as staff and people became more familiar with each other and built up relationships. People were encouraged to discuss their choices, and contribute to their care plans if they wished. One person also wrote up their own care plan. The care plans were developed with them and where practicable had been signed by people. The care plans set goals that were identified and agreed with people and were underpinned by risks assessments and reviewed monthly. If goals were met they were replaced by new ones. The care plans recorded people's interests, the staff support required for them to be followed and daily notes identified if chosen activities took place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people an opportunity to identify further things they may wish to do. There was also individual communication plans and guidance.

The activities were a combination of individual, group and mainly home based which was people's preference. The activities included current affairs discussions, bridge club, manicures, visiting hairdresser and exercise to music and movement. The 'Embrace Age' charity ran baking sessions. People also made use of day centres. During our visit people were entertained by a trio playing and singing a selection of Edwardian ballads in period dress. This was followed by an afternoon tea party. The staff were also busily engaged with putting up Christmas decorations and a Christmas party was planned for the 17th December and carol service on 20th December with children from the local church visiting. One person had made quilling cards that they sold. Quilling's are embroidered designs. The registered manager told us that people made extensive use of IPads to communicate with relatives and friends and source interests and hobbies. One person had a relative living abroad and used the IPad to show her opening birthday presents. Other

people also had comprehensive photo libraries of their lives that they enjoyed looking at and sharing with staff and visitors. One person also kept a journal.

Alexander House provided end of life care that staff had received appropriate training in and specific reference was made to end of life in people's care plans. This included guidance and people's wishes. When providing end of life care, the home supported relatives to be involved in the care as much or as little as they wished during a period that could be distressing and sensitive for them. The home liaised with the appropriate community based health teams and organisations such as the Community Matron, palliative care teams and MacMillan nurses.

People and their relatives were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people to make complaints or raise concerns. Staff sensitively attended to any concerns or discomfort displayed by people during our visit.

Good

Is the service well-led?

Our findings

People said the registered manager was approachable and made them feel comfortable. One person said, "They [The management team] are always around when you want them." A relative told us, "The manager is brilliant." Another relative said, "The philosophy here is to treat everyone as an individual and this can be done because the home is small enough." It was clear by people's conversation and body language that they were quite comfortable talking to the registered manager as much as they were with the staff team.

The organisation's vision and values were clearly set out. There was an open, listening culture with staff and the registered manager paying attention to and acting upon people's views and needs. The home provided person centred care focussed on people as individuals and we saw positive staff practices that reflected this philosophy. Staff understood the vision and values and said they were explained during induction training and regularly revisited.

Staff said the registered manager was very supportive and hands on. One staff member said, "They would not expect you to do tasks they are not prepared to do themselves." Staff told us suggestions they made to improve the care provided were listened to and given serious consideration. They said they really enjoyed working at the home. A staff member said, "I really enjoy it, I never realised how good working in a care home could be." Another member of staff told us, "The manager is so supportive."

Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that identified how the home was performing, any areas that required improvement and also those where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. There were home meetings that were minuted by one person, where any issues could be discussed regarding the home, living there and views and suggestions put forward. There was also a suggestion box, but the manager said this was underutilised. There were also annual relative's questionnaires. Quality audits took place that included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's care plans. Policies and procedures were audited annually.