

Four Seasons (Bamford) Limited







Alexandra Care Home

Inspection report

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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	

Overall summary

This inspection took place on 20 April 2015 and it was unannounced. The service provides accommodation for up to 76 older people who require nursing or personal care, some of whom may be living with dementia. On the day of the inspection, there were 70 people living in the home.

The service has 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 2008 and associated Regulations about how the service is run.

There were systems in place to safeguard people from the risk of possible harm. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of trained, experienced and skilled

Summary of findings

staff to care for people safely. There was an effective recruitment process in place. Medicines were managed safely and people received their medicines, regularly and as prescribed.

Staff understood their roles and responsibilities to support people appropriately and to seek their consent before providing care. They received regular supervision and support and were aware of people's individual needs.

People were treated with respect, kindness and compassion and they had been involved in the decisions about their care. They were supported to access other health and social care services when required.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. An effective complaints procedure was in place.

There was a formal process for handling complaints and concerns. The provider had effective quality monitoring processes in place.

Summary of findings

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 was safe.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There was an effective recruitment process.

There were sufficient numbers of staff on duty to care and support people.

Good



Is the service effective?

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good



Is the service responsive?

The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good



Is the service well-led?

The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

The service had a registered manager. They were visible, approachable and accessible to people.

Good



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.

This inspection took place on 20 April 2015 and it was unannounced. The inspection team was made up of two inspectors. We had received concerns about the service which prompted us to carry out this inspection.

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 reviewed the information available to us

about the home, including information that had been provided by staff and members of the public, and notifications. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with 15 people who used the service and observed how the staff supported and interacted with them. We also spoke with two relatives and five members of staff.

We looked at the care records including the risk assessments for seven people, the medicines administration records (MAR) for the majority of people and six staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits. We also saw the recent report following a review by the local authority and the local clinical commissioning group.

Is the service safe?

Our findings

At our last inspection in July 2014, we had found that the provider was not reporting any potential abuse, incidents and accidents as required. During this inspection, we found that improvements had been made and the manager was now promptly notifying the relevant authorities of any incidents that could put people at risk of harm.

We had also found at our last inspection that the provider had not taken appropriate steps to ensure that at all times, there sufficient numbers of staff employed to support people safely. During this inspection, we found that the provider had a programme of on-going recruitment in place and had ensured that sufficient numbers of staff were on duty to meet the needs of people who used the service.

People told us that they felt safe. One person said, "I feel safe here. There are always nurses and carers here. If I feel unsafe, I'll use the call bell." One relative told us, "Mum feels safe and the staff are very good."

The provider had a safeguarding policy and followed the local authority safeguarding procedure. Information about protecting people from the risk of possible harm had been displayed on the notice board and there was a clear process for reporting safeguarding concerns. Staff told us that they had received training in protecting people from harm and were aware of their responsibilities to report any allegation of abuse to the manager and external agencies, such as the local authority and the Care Quality Commission. Staff demonstrated an understanding about safeguarding and told us they had no concerns. Records showed that the staff had made relevant safeguarding referrals to the local authority and had notified the Care Quality Commission as required. The provider also had a whistle blowing policy which staff were aware of. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace.

People told us that staff had discussed with them about their identified risks. One person said, "Staff explained and showed me how to use my zimmer frame. I know the risk. I am careful not to lose my balance." We noted from the care records that risk assessments had been reviewed and kept up to date so that they would be able to support people safely. We observed staff using equipment to support people to move around the home safely and in accordance

with people's risk assessments. We noted from the care plans that other risk assessments such as pressure area care, manual handling and nutritional requirements had been carried out.

A record of accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence had been kept. There were processes in place to manage risks associated with the day to day running of the service so that people were cared for in a safe environment. Fire risk and the safety of electrical and gas appliances and other equipment had been carried out so that these were well maintained and safe to use.

The service had an emergency business plan to ensure that continuity of business was maintained should the service be affected due to unforeseen circumstances. The plan included the contact details of the utility companies and the management team. We noted that there had been an agreement with local voluntary organisations so that people could be temporarily moved to their premises if a need arose. Each person had a personal emergency evacuation plan which identified the support they required to leave the home safely in the event of an emergency. Fire drills were carried out regularly to ensure that staff knew what to do in an event of a fire, in order to keep people safe.

There were enough staff on duty to meet the needs of people. People told us that that there were always staff to help and support them and that their call bells were answered within a reasonable length of time. One person said, "Call bells seem long when you are waiting. But staff do come quite quickly." One staff member said, "When we are short, a replacement will be found by calling other staff or using the agency." The manager told us that currently their biggest challenge was retention of staff. They said that the current vacancies for nurses were covered by the use of regular agency staff. One person said, "This senior staff is leaving in two weeks' time. The staff come and go and this is to do with money." One relative commented, "There is a high turnover of staff because they work longer hours."

There was an effective recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who used the service. Staff confirmed that they did not start work until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. DBS helps employers

Is the service safe?

make safer recruitment decisions and prevents unsuitable people from being employed. The staff records we looked at showed a clear audit trail of the recruitment processes including a record of interviews and the checks such as the registration for nurses had been carried out.

There were systems in place to manage people's medicines safely including a medicines policy that covered the administration of regular medicines, when required medicines and homely remedies. People told us that they received their medicines regularly and on time. Regular

audits were carried out to ensure all medicines received into the home were accounted for. The Medicine Administration Records (MAR) had been completed correctly including the recording of additional information in respect of medicines prescribed to be given as required (PRN). Staff confirmed that registered nurse administer medicines. We observed that people were not rushed to take the medicines offered. There was a system in place for safe disposal of medicines no longer required.

Is the service effective?

Our findings

At our last inspection in July 2014, we had found that the provider was not providing adequate and safe nutrition as food was not stored at the recommended temperatures. During this inspection we found that staff checked the temperatures of meals before serving and a record of the temperature for all meals provided had been kept.

People were complimentary of the staff. One person said, "The staff know me well and how to look after me." Another person said, "The staff do a good job. They know what they are doing." A relative said, "The girls [staff] are very good." We observed how well staff supported one person to move them with the use of a hoist.

Staff told us that they had attended a number of training courses to help them in their roles. One member of staff said "I have completed all my training and we do have opportunities to do other training as well." A new member of staff told us about their induction which also included a period of shadowing an experienced member of staff. The staff training records showed that they had kept up to date with their refresher courses. They were also supported by a team of registered nurses who had also attended other relevant training so that they acquired the necessary skills and knowledge for their roles. Staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care.

We saw from staff records that they had received supervision and appraisals for the work they did. One member of staff said, "I have regular supervision and an annual appraisal." Staff confirmed that they discussed areas of their work and identified other training relevant to their roles.

Staff told us that they always sought people's consent before providing care and support. They understood their roles and responsibilities in relation to this. One member of staff said, "We ask people whether they were ready to receive support. Sometimes they tell us to come back later." There was evidence that where a person did not have capacity to make decisions about some aspects of their

care, mental capacity assessments had been completed and decisions made in conjunction with people's relatives and other representatives such as social workers, to provide care in the person's best interest. Staff were aware of how to support people who did not have mental capacity to make decisions for themselves. For example, we saw the required documentation had been completed to allow staff to attend to people's personal care and maintaining their wellbeing.

Staff confirmed that they had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager told us that where necessary, applications for the deprivation of liberty safeguards for some people had been made. They were waiting for the assessment and authorisation from the local authority supervisory board so that people were appropriately protected in accordance with the requirements of the Mental Capacity Act. This included protecting people who were not able to leave the home unaccompanied, so that appropriate measures would be put in place to protect them from harm and did not place unnecessary restrictions on their freedom.

People were complimentary of the food they received. One person said, "Food is good here. I enjoy my food." Relatives said that the food was good and there was enough for people to eat. The menu offered a choice and staff were aware of people's preferences and specific dietary requirements. The food appeared well cooked and was presented in an appetising way. Staff gave support to people who required assistance with their meals. In addition to the main meals, people were also regularly offered snacks and hot or cold drinks.

People were supported to access additional health and social care services, such as GPs, dieticians, opticians so that they received the care necessary for them to maintain their wellbeing. We noted from the care records that staff had responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. A member of staff said, "We always call the GP if someone tells us to or when they were not feeling well."

Is the service caring?

Our findings

At our last inspection in July 2014, we had found that the staff had not maintained people's dignity, privacy and independence when supporting them at meal times. During this inspection, we found that people had been supported to eat their lunch in an unhurried and dignified manner.

People told us that their privacy and dignity was respected. One person said, "The staff always treat you with respect and dignity." Another person said, "Staff are very kind and caring. I am well looked after." We saw staff knocked on people's door and waited for a response before entering. One staff explained to us that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They said that sometimes people chose to do as much as possible for themselves such as wash or dress themselves so that they maintained some degree of independence. Staff told us they discussed dignity during their induction and in staff meetings.

People told us that the staff knew them well, understood their history, likes, preferences and needs. We observed there was good interaction between staff and people. Staff were able to explain to us people's needs, their likes and dislikes. The conversations we heard between people and staff were polite and friendly. Staff were present with people in the communal areas and that they were attentive and engaged people in conversation or sat next to them. They comforted people who had no verbal communication and they were good at understanding their body language. For example, when one person was in distress, the staff stayed with them, continued to reassure them until they had calmed down and were settled.

People told us that they and their relatives had been involved in the decisions about their care and support. One person said, "I know the staff talk about the care plan but I have not seen it." One relative said, "We are involved in the decisions about the care my mother receives. But there has been no review meeting with me yet."

People told us that their care and support had been discussed with them and reviewed regularly. The care records we looked at showed that people were involved and supported in their own care decisions and planned their own daily routine where possible. They said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. They also said that they had received information about the service before they came to stay at the care home. People told us that they maintained contact with their relatives and friends. For example, one person said, "My daughter visits quite often."

Staff we spoke with told us that they were aware of maintaining people's confidentiality by not discussing about them outside of work or with others who were not directly involved in their care. We noted that people's care records were held securely within the home.

People and their relatives told us that information about the service was given to them when they first came to stay at the care home. Some of the people's relatives or their social workers acted as their advocates to ensure that they received the care they needed. Information about an independent advocacy service was also available for people to access if required.

Is the service responsive?

Our findings

At our last inspection in July 2014, we had found that not all staff knew enough information about people to enable them to meet their individual needs. During this inspection, we found that staff were knowledgeable about people's individual needs and how to provide the care people required.

People told us that their needs had been assessed before they came to stay at the care home. One person said, "Staff know that I am diabetic and they keep a check on me." Another person said that they stayed in bed and that the physiotherapy they used to get in hospital was no longer available. We discussed this issue with the manager and the person concerned. We found that the manager had requested for physiotherapy through a referral via the person's GP, but the response had been slow. The manager said that they had been chasing up this request with no success so far.

Information obtained following the assessment of people's needs, had been used to develop the care plan. We noted from their care plans that people or a family member had been involved in the care planning process wherever possible. We saw evidence in the care plan that information about people's individual preferences and choices had been reflected in the care records. Staff confirmed that they knew people's preferences and supported them accordingly. One member of staff told us that they knew how to support people in meeting their needs. For example, for one person who was living with diabetes, they ensured that the person had their meals and medicines at appropriate times so that they maintained their blood sugar levels. They also said that when supporting the person to move from their bed to their chair, they required a full body sling to hoist them safely.

There was sufficient information for staff to support people in meeting their needs. We noted from one of the care

plans that had information about how to support the person in maintaining their health and wellbeing. We also noted that any changes in a person's needs had been updated so that staff were aware of how to support them appropriately. For example, for one person who was complaining of pain, their medication had been reviewed to relieve their pain and that they felt comfortable. Staff told us that there was sufficient information about each person in their care plans to meet their needs appropriately.

A variety of activities had been planned and provided for people. Information about the activities had been displayed on the notice boards and people told us that they had been informed of the activities that took place each day. One person said, "There is always something happening but I like to stay in my room." On the day of our inspection we observed that various activities were taking place. For example, a group of people were happily spending time chatting to each other, others were engaged with the sing-along. A relative told us, "There are activities but my relative does not always join in." The manager said that they had recently completed the project for their sensory garden where people would be able to experience the various fragrances and feel the different herbs and flowers. There is a community link with the local churches whose representatives visited the home regularly. The service had the use of a minibus to facilitate people going on shopping trips and visiting other places of interests.

People said that they were aware of the complaints procedure. One person said, "I have no complaint or concerns." None of the people we spoke with had any complaints regarding the quality of care and support that they were given. We looked at the complaints log and noted that there had been eleven complaints recorded since the last inspection. We saw evidence all the complaints had been thoroughly investigated and there was a record confirming how the complainant had been informed of the outcome.

Is the service well-led?

Our findings

At our last inspection in July 2014, we had found that the provider had failed to send to us, when requested to do so, a written report in relation to the management of the service. During this inspection, the provider had completed and submitted the Provider Information Return (PIR).

People told us that there was a positive culture within the service and that they were able to talk to the manager if they wanted to. One person said, "I know the manager and they are approachable. I can speak to them when I want to." There was a pleasant atmosphere and people felt that their views were listened to and acted on. People and staff told us that manager was visible within the service and that they were easy to talk to. The staff said that the manager strongly advocate a clear vision that put people's wishes and needs at the centre of the service.

The staff we spoke with said that there had been a lot of improvement since the last inspection. Many staff had left and new staff have been recruited. One member of staff said, "We work as a team and there was a good atmosphere within the home now. However, one person said that the shift system of working 12 hours a day was stressful and exhausting. The manager said that their current challenge was the retention of staff and they had an on-going recruitment. The manager felt that they were working as a team to achieve a good quality of service and

that there was a committed team to support people. They also said that there had been improvement since the last inspection and that they had a good quality monitoring system in place.

The last questionnaire survey done in 2014 was positive. The result of the survey showed a high percentage of those who had responded were satisfied with the service provision. One area for improvement identified related to the provision of choices and quality of food. We noted that that this issue had been addressed.

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking people's care records to ensure that they contained the necessary information. Other audits included checking how medicines were managed, health and safety issues, cleanliness of the bedrooms, kitchen and other communal areas. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was also evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.

Staff confirmed they reflected on incidents and accidents and discussed these in the staff meetings so as explore possible ways of preventing recurrence. They felt that they learnt from these discussions to maintain safe practices. For example, they had discussed an incident when a person had fallen out of bed they had explored other options and concluded that the bed should be lowered with a crash mat provided.