

Alexandra Nursing Home Limited

Alexandra Nursing Home - Poulton-le-Fylde

Inspection report

Moorland Road
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Tel: 01253893313

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alexandra Nursing Home - Poulton-le-Fylde provides residential and nursing care for up to 117 people. The service has four units for people with different levels of need, including people who require nursing care and people living with dementia. At the time of the inspection visit there were 81 people who lived at the home.

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

Risks were not consistently managed and records relating to people's care were not always accurate. The provider monitored the quality of the service using a range of systems. However, these had not always been operated effectively.

The management of medicines had improved since our last inspection. We have made recommendations around ensuring person-centred medicines information is up to date and ensuring topical medicines are recorded consistently.

The service had systems to protect people from abuse and improper treatment and plans to follow in case of emergencies. Staff continued to be recruited safely. The registered manager took a systematic approach to ensuring there were enough staff on duty to meet people's needs safely. The service was clean, tidy and maintained, with the exception of one bathroom. We have made a recommendation about this.

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.

The service was led by a registered manager who was described as approachable and supportive. The culture at the service was open and inclusive. Staff understood their roles and responsibilities.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 November 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in relation to medicines management. However, we found the provider remained in breach of regulation in relation to records.

The last rating for this service was requires improvement (published 8 November 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management and the management of records at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alexandra Nursing Home - Poulton-le-Fylde

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by three inspectors and a member of the medicines team.

Service and service type

Alexandra Nursing Home is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visit to the home, we spoke with 4 people who used the service and 7 people's relatives. We also spoke with 24 staff, including the registered manager, nurses, carers and estates staff.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 11 people's care documentation and 17 medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems. We also reviewed staff training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was reduced assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk to individuals was not managed consistently. In some cases, care planning and risk assessments provided staff with information they needed to keep people safe, but in some cases information was lacking. In one area of the home, information around how staff could support the person to achieve positive outcomes when expressing feelings or an emotional reaction was not recorded to guide staff. Other people's care plans were contradictory, stating the person did not react well to reassurance, but then going on to guide staff to provide reassurance. In other areas of the home, risk was managed safely.
- Staff did not consistently record people's behaviours and the care delivered to people in one area of the home. For example, one person repeatedly made unwanted physical contact with others. None of these interactions were recorded by staff. Another person took part in a potentially dangerous activity. This was also not recorded. The registered manager made changes to the environment following our inspection, to reduce the risk.
- Risks related to oral health were managed inconsistently. In one area of the home we found people did not have their own toothbrushes available and records of the support people received with oral care were sparse. In other areas of the home, people had toothbrushes available and records showed they received support with this aspect of their care.
- Risks related to nutrition were managed inconsistently. In one area of the home, whilst observing the lunchtime service, we saw people did not eat what staff had recorded. This meant records related to people's dietary intake were inaccurate and potential issues may not be highlighted. In other areas of the home, nutrition was managed well.

The above matters demonstrate a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks related to the premises, such as regular checks of equipment were managed.

Using medicines safely

At our last inspection, the provider had not ensured medicines were always managed safely and properly. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements and was no longer in breach of regulation 12.

- Medicine training and competency assessments had been completed by staff administering medicines.
- Medicines that needed to be given covertly (hidden in food or drink) were given safely and the appropriate paperwork was in place.
- Fluid thickeners used for people at risk of choking were now recorded accurately.
- Care plans for people's when required medicines and diabetes management were not always person centred.

We recommend on-going reviews to ensure information is person-centred and up to date.

- Allergy information was not up to date for 3 people. Action was taken to rectify this immediately.
- A system had been put in place for the recording of topical medicines.

We recommend the system for recording of topical medicines is audited and monitored to ensure it is fully embedded in all units.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found a bathroom in one area of the home which did not conform to infection control requirements. The registered manager took the bathroom out of use immediately and planned a refurbishment. This issues with this bathroom had not been highlighted to the registered manager through their quality assurance systems, which they immediately reviewed and improved.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service promoted safe visits into the home. The registered manager supported visits in line with government 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it and steps to take to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People and their relatives spoke positively about how safe the service was. Feedback we received included, "I do feel [person] is safe." And, "I'd like to think [person] is safe."

Staffing and recruitment

- Staff were recruited safely. The provider followed safe systems to recruit staff who were of good character and had the skills and knowledge to carry out their role safely.
- There were enough staff on duty to meet people's needs safely. The registered manager used a systematic approach to calculate staffing levels based on the needs of people who used the service.

Learning lessons when things go wrong

- Accidents and incidents were used as a learning opportunity. Staff recorded accidents and incidents which were reviewed by the registered manager. This enabled them to identify any trends or themes, to take action, and seek support from external agencies, where appropriate, to reduce the risk of similar incidents. Any lessons learned were shared with the staff team through regular meetings.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, we found the provider had not maintained accurate and up to date records related to the care and treatment people received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- We found the quality of care planning and records of the care people received was inconsistent. In one area of the home, we found care planning and records related to people's care were inaccurate. This included information to guide staff on achieving positive outcomes for people, records about people's behaviour, as well as records related to oral care and nutritional intake.
- The provider's systems to assess, monitor and improve the service were not always operated effectively. They had not identified and addressed the shortfalls we found during our inspection in relation to care planning, records and the infection control risks in one bathroom.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their legal obligations, including conditions of their CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic about making a difference for people and had a clear understanding of their roles. A relative told us, "There's much better management now – they are on the case." They described the atmosphere in the home as "much improved".
- The registered manager used a variety of methods to assess, monitor and improve the quality of the service provided. We saw they used audits, along with feedback from people and staff to identify areas for improvement.

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

- The registered manager had created a culture that was open, inclusive and person-centred. Staff aimed to ensure people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes. We observed staff took a person-centred and caring approach toward people and their care.
- People and their relatives were positive about the service provided. Feedback we received included, "It's been lovely, all lovely. The staff are very informative and really nice." And, "It's nice and clean and the staff are helpful."
- The staff team worked well together to achieve good outcomes for people. Staff told us about how they worked as team to care for people. We received mainly positive feedback from staff about support from management. One said, "I like working here. I like looking after people. The team is a lot better. We work well together. [Unit manager] supports you, if you need any advice they're there. I can go to [registered manager] and [deputy manager] as well." Another said, "It's a small team. We work well together. [Registered manager] is supportive. She sets clear expectations and is approachable."

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.
- Since our last inspection, the provider had employed a receptionist to welcome people into the home and to answer the telephone. People's relatives told us this helped to improve communication with the home during the day.

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

- The service engaged with people who used the service and staff via face to face meetings and surveys. The registered manager engaged with people's family members by way of newsletters and satisfaction surveys.

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 provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary, and had done so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practicable to manage risk in the service. 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems to assess, monitor and improve the service had not been operated effectively. Records related to people's care and treatment were not accurate and contemporaneous. 17(1)(2)(a)(c)