

Alexandra Park Home Limited

# Alexandra Park Home

## Inspection report

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London  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Alexandra Park Home is a residential care home providing personal care to up to 13 people. The service provides support to older people, younger people, people living with dementia and people with a physical disability.

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

People told us they felt safe living at the service and their relatives thought they were kept safe. Overall there were enough staff to tend to people's needs, the provider was in the process of recruiting more staff to support busier times such as mealtimes.

People were protected from the possible harm as staff knew the different types of abuse and how to report it. Risk assessments were in place to reduce the risk of potential harm and these were reviewed when changes were required.

Staff were recruited to the service safely and people's medicines were administered safely. The service was clean and with no unpleasant smell. Staff knew how to use and dispose of personal protective equipment (PPE) safely.

People had been living at the service for many years but had been assessed before care had begun. People were involved in planning their care and care was personalised to meet their needs detailing their likes and dislikes.

People told us staff were kind and patient with them. People were treated with respect and discrimination was not tolerated. People's privacy and dignity was respected. Activities took place in the service and people were encouraged to participate if they wanted to.

People and their relatives knew how to speak up if they were not happy with any aspect of the service and staff told us they would speak up on behalf of people using the service if they were not happy.

The management of the service was open and inclusive. People, their relatives and staff told us they liked how the service was being managed and the attitude of the manager and provider.

Systems were in place to monitor the service and to ensure people received care that met their needs and provided them with the best outcomes.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 November 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Alexandra Park Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Alexandra Park is a 'care home'. 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. [Care home name] is a care home [with/without] nursing care. 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 not a registered manager in post. A new manager had been in post for one month and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service, which included any notifications the provider is required to send to us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the

service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the manager and deputy manager. We spoke with 2 staff, 3 relatives and 5 people who lived in the home. We reviewed 5 recruitment records and 5 care plans. We looked at medicines records and reviewed information relating to the management of the service. We observed staff interactions with people and looked around the home, including the communal areas, kitchen, bathrooms, laundry and people's rooms with their consent.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of being abused.
- People told us they felt safe at the service. One person said, "Yeah, I do feel safe." Relatives we spoke with also confirmed their family member was safe with one saying, "Yes, I do think [person] is kept safe."
- Staff were aware how to identify abuse and how to report it should they witness or suspect it. There was a safeguarding policy and procedure for staff to refer to should they need it.

Assessing risk, safety monitoring and management

- People were kept safe as risk was assessed and regularly monitored at the service.
- Records confirmed people had risk assessments in place to keep them safe within the service and if they were to go out into the community. Risk was updated when there were changes to people's needs.
- Assessed risk included nutrition, safeguarding, smoking, equipment/mobility, medicines, money management and personal hygiene.
- Information on what could trigger people's known risk and how to prevent and manage the risk was recorded. For example, where someone may disengage with staff, staff were to listen to the person and provide reassurance.

Staffing and recruitment

- There were enough staff to meet people's needs. The manager and deputy were aware more staff were required and the provider was in the process of recruiting more staff to provide additional support especially around mealtimes and activities.
- People told us they could find a member of staff to provide support when needed. One person said, "There's always someone if I need them."
- Staff were recruited to the service following the providers recruitment policy and procedure.
- Appropriate checks were in place to ensure staff were suitable, these included an application form, interview notes, identification, references, and a Disclosure and Barring Service (DBS) checks. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely. A medicine policy and procedure was in place.
- Staff told us they had received medicines training but would like more, this was fed back to the manager who advised they would arrange more training for staff. Staff had their competency to manage medicines

checked by the manager to ensure they administered them safely.

- Staff completed an electronic medicine administration record (EMAR) to confirm when people received their medicines.
- We checked a sample of EMAR's to ensure people were receiving medicines as prescribed and there were no gaps in administration.
- People were supported to have medicines on an as required basis and the reasons when this needed to take place was provided in people's medicine files.

#### Preventing and controlling infection

- The home was clean and free of any unpleasant smells.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Relatives and friends were free to visit the home without restriction. Relatives commented they always felt welcome when they visited the service.

#### Learning lessons when things go wrong

- Systems were in place to learn after any accidents or incidents. All accidents and incidents were recorded with actions take.
- Staff told us they took part in learning after an incident. A member of staff said, "We discuss what happened, if it was a hazard we correct it, so it doesn't happen again and we are more observant."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they began to use the service and respected their choices for care. People had been living at the home for a number of years.
- People told us the care and support they received met their needs. Relatives told us they were involved and present when care plans were being prepared.

Staff support: induction, training, skills and experience

- People received care and support from staff who were provided with an induction and training programme. Records confirmed this.
- A member of staff told us their induction lasted 1 week and included them completing The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed training in the following areas: safeguarding, food hygiene, basic first aid, covid-19, moving and assisting, oral health care, autism, nutrition, bed rails, diabetes, infection control and challenging behaviour.
- Staff told us they received good support and had supervision with the manager. This provided staff with an opportunity to discuss any concerns about the role, any training needs and how people they were supporting were within the service.

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

- People were supported to have enough to eat and drink, we observed people being offered a variety of snacks and drinks throughout the day.
- People told us they liked the meals, but would like the option to have a take away. We discussed this with the manager who agreed to introduce take aways within the service.
- Menus were in place for people to see what was being offered to eat each day and to make a choice.
- Relatives told us the food had significantly improved and they were pleased with what was offered to their family member.
- Staff and the chef were aware of people's dietary requirements. The chef had information on who required their food to be pureed or mashed to support safe eating and where they may have swallowing issues.
- People were offered an alternative when they did not want to eat any of the main options. We did note whilst an alternative option of food was offered, in one instance a member of staff did not actually ask what someone wanted to eat and made an assumption. We informed the manager who addressed this with staff.

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

- People's health needs were recorded within their care plan and the health professionals involved in people's care was also documented.
- People were supported to receive health care promptly when they felt unwell or when they needed to attend routine appointments.
- Records confirmed, the following health professionals provided support to people living at the service, social worker, district nurse, GP, optician and dentist.

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

- People's rooms were personalised and decorated to their own individual taste.
- The service was accessible and people were able to move around freely. Hand rails were present to support people walking around the service and a stair lift was provided to support people to move around the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Appropriate DoLS were in place for people living at the service.
- People were supported to go out into the community if they needed support.
- Staff understood the principles of the MCA and asked people for their consent before providing care.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and respect.
- People told us they liked the staff and staff were kind and patient with them. One person said, "The care here is superb."
- Relatives we spoke with told us they thought staff were treating their family member with compassion and showed they enjoyed their job. One relative said, "They [staff] really look after [person]." Another relative said, "They [staff] do go above and beyond what [person] needs."
- Staff were respectful of people as individuals and respected diversity. Staff did not discriminate and told us the welcomed people into the service regardless of their race, gender, sexuality or health condition.

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

- People were supported to make decisions about their care and daily choices as much as possible.
- People's care plans directed staff to involve people in their care. For example, a care plan stated, "Staff are to include [person] in conversations and to seek their views and allocate more time to them when needed."
- People approached staff who encouraged them to make decisions about what they needed to do each day, such as involvement in activities and attending health appointments.

Respecting and promoting people's privacy, dignity and independence

- We observed people's privacy and dignity was respected and promoted. People who could carry out tasks for themselves were encouraged to keep doing this.
- Staff were seen to knock on people's doors and wait for permission before entering.
- Staff maintained confidentiality and did not discuss people's private information.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and reflected people's likes and dislikes.
- Care was planned jointly, with people, their relatives and health professional to ensure care was provided how people needed and wanted.
- Records confirmed people's preferred name was documented and staff were observed to call people by their preferred name.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferred method was recorded within their care plans.
- Information was presented in a picture format to help people understand the different areas of their care plan which had been assessed.
- The manager told us they could provide information in different formats if people needed this, such as braille and different languages.

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

- Different activities took place within the service to ensure people could participate in what they enjoyed.
- During the inspection we observed people take part in a game of bingo. A notice board displayed different activities that were going to take place each week. People could enjoy board games, music, arts and crafts exercise and those who wished to attend could join a church service at the home.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint if they were not happy about the service. A relative said, "I have no complaints." Another relative said, "I know how to speak up, no complaints but whenever I speak to [provider] it is dealt with straight away."
- There had been no complaints received at the service. The manager told us they saw a complaint as an opportunity to learn and improve.
- Systems were in place if people and their relatives were not happy with the service.

#### End of life care and support

- No one was receiving end of life care and support at the time of our inspection.
- The manager knew where to seek guidance and support if someone needed this support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted people's care needs and comfort while living at the service.
- People enjoyed the environment and staff support. One person said, "I do like living here."
- Feedback from relatives was positive, a relative said, "Since [provider] has come in, there's been a big improvement." Another relative said, "They always keep me informed about changes and I can see an instant change, this provider is very present."
- Staff told us they could speak to the manager and provider if they needed support. A staff member said, "Staff morale has really improved, knowing the manager will listen to what we say and act on it is good."
- The manager said, "It's team work here, we are like a family we all support where we can."

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 manager understood their legal responsibility to be open and transparent if anything went wrong at the service.
- Records showed the provider was aware of what needed to be reported to the Care Quality Commission as we had received the relevant notifications as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff knew what was expected of them to ensure they provided people with care to meet their needs.
- The manager performed a variety of audits to monitor the service. This included MAR audit, random spot checks, equipment check and a general walk around to ensure people living at the service were safe, happy and to check staff were using PPE correctly. Records confirmed this.
- Staff meetings took place where it was discussed what was expected and records confirmed this. The manager and staff told us they met daily for a meeting called '10 at 10' to discuss people living at the service and to share important information.
- People were able to join in with meetings at the service share their views about the service.

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

- People felt involved at the service and their views were requested by the provider.
- Relatives told us they were able to provide feedback on the service and they were listened to.
- We observed the provider had placed a display in the main hallway outlining a "We said, we did" board, this showed the different actions taken as a result of feedback from people and their relatives.

Continuous learning and improving care; Working in partnership with others

- The provider worked closely with health professionals and the local authority to ensure standards were met and to continually improve the quality of care for people living at the service.
- Staff were being supported to develop their skills through appropriate training.