

Logini Care Solutions Ltd

# Alexandra Nursing & Residential Home

## Inspection report

Doncaster Road  
Thrybergh  
Rotherham  
S65 4AD

Tel: 01709850844

Date of inspection visit:  
10 November 2022

Date of publication:  
02 December 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Alexandra Nursing and Residential Home is a residential care home providing personal and nursing care for up to 46 people. At the time of our inspection there were 43 people using the service.

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

People were protected from the risk of abuse and avoidable harm. People told us that they felt safe in the home and risks in relation to people's care were identified and managed to keep them safe.

Staff had been recruited safely and during the inspection we observed there were enough staff to respond to people's needs. 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.

People's medicines were administered and managed safely. Infection prevention and control (IPC) risks were well managed throughout the home and there were plentiful supplies of personal protective equipment (PPE).

Accidents and incidents were recorded and monitored to ensure trends and patterns were identified and action taken to reduce risks occurring. The registered manager kept a record of lessons learned and took appropriate actions to improve the service.

People's care plans were detailed and included information about family, social history, children, childhood and siblings. People were involved in the running of the home and some were champions for specific aspects of the service. This was clearly displayed for people, staff and visitors to see.

There were systems in place to monitor the service and a range of meetings and audits were in place to support the management of the home.

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 and update

The last rating for this service was requires improvement (published 11 September 2019) and there was a breach of regulations. 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 and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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.

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

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Nursing and Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Alexandra Nursing & Residential 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.

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 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Alexandra Nursing and Residential Home 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. Alexandra Nursing and Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided. 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 received feedback from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with 11 people who lived in the home and 2 relatives about their experience of care and support. We spent time observing staff interacting with people. We heard from 23 members of staff including nurses, care staff, the domestic team, the catering team, the maintenance team and the registered manager. We looked at a range of records. This included 4 people's care plans, 3 medication records and 3 staff files. We also looked at audits, policies and safeguarding 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. At this inspection the rating has changed to 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 abuse and avoidable harm. Feedback from staff confirmed that they had received safeguarding training and followed policies and procedures to raise any concerns.
- A safeguarding record was in place and showed issues had been raised where potential abuse had been suspected. Appropriate actions were taken to keep people safe. There were no ongoing safeguarding concerns at the time of inspection.
- When asked if they felt safe, one person told us, "Safe? Yes, we've got plenty [of staff] to look after us and they treat us properly. We've got some nice carers."

Assessing risk, safety monitoring and management

- Risks in relation to people's care were identified and managed to keep them safe. For example, one person was at risk of falls and had bed rails and bumpers to minimise falls from bed. Bedrail assessments were reviewed on a monthly basis.
- People had personal emergency evacuation plans (PEEPs) in place to assist staff to support people in an emergency.

Staffing and recruitment

- Staff were recruited safely. This included pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A dependency tool was used to identify the number of staff required to support people. We observed there were sufficient staff available to meet people's needs.
- Staff told us they worked well as a team. A senior carer told us, "[The staff] work well together and support each other to ensure jobs are carried out effectively."

Using medicines safely

- Medicines were managed safely and effectively. Two people told us they received their medication, "Every day and on time."
- Medicine administration record (MAR) sheets were completed correctly and entries in the controlled drugs (CD) book were recorded appropriately. The registered manager reviewed medication audits monthly and controlled drug audits weekly. Any concerns were identified and actions taken when required.
- Medicines were stored appropriately and there were robust systems in place to manage the return and disposal of medicines.

### Preventing and controlling infection

- 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.

### Visiting in care homes

- The provider ensured people maintained contact with their family and friends and they were welcome to visit the home. At the time of our inspection, relatives were required to make an appointment prior to visiting the home. Following our inspection, the registered manager took action to ensure there were not restricted visiting times in line with current 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.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to ensure trends and patterns were identified. Action plans were developed to address any concerns.
- We saw reports of investigations carried out where there had been incidents. For example, one person had informed staff that there had been another person in their room. The registered manager investigated and spoke to staff and relatives. Evidence was collated to draw a conclusion as to what may have occurred. People were then involved in the outcome.
- There was evidence improvements had been made in relation to the security of the home following a recent incident. This showed the provider used incidents to improve the service.



# 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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider did not have systems, processes or leadership in place to operate effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was supported by a deputy manager, nurses and senior care staff.
- The staff team were clear about their roles and responsibilities. They understood their duty of candour.

Continuous learning and improving care

- The provider had a system in place to monitor the quality of service and used action plans to address any concerns or areas for improvement.
- Staff had daily huddle meetings that focus on people's day and any changes to their care and support. Staff found these meetings essential to the care they delivered. One staff member said, "We have a meeting every morning where we discuss any changes or updates [to people's care]."
- There was a positive culture of observation and feedback on practice. A member of staff told us, "My manager will spot check [my practice] one or two times a day and give me feedback."

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

- The registered manager and the staff team were caring and supportive. They ensured people's needs were met and there were a range of different activities for people to enjoy.
- People were involved in the running of the home. For example, some people were champions for different aspects of the home including maintenance, display boards and resident's meetings.
- People felt staff were approachable. One person told us, "Everybody knows everybody and if someone's upset or down. There's nothing you can't talk about to staff."

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

- The provider had systems in place to gather feedback about the home. This included various meeting

which were attended by people, relatives and staff.

- Areas discussed at meetings included food, activities and the environment. Any suggestions raised were acted on and used to develop the service.
- People were complimentary about the service. One person said, "As far as I am concerned, they [staff] do very well. The food is very good and everyone is satisfied."

Working in partnership with others

- Care plans showed people were referred to appropriate professionals as required. For example, one person had been referred to speech and language therapies (SALT) and had been offered assistive technology to assist their communication needs.
- The provider worked with the local hospice when people were in receipt of end of life care.