

Alexandra Nursing Home Limited

# Alexandra Nursing Home - Poulton-le-Fylde

## Inspection report

Moorland Road  
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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

The inspection visit took place on 08 July 2015 and was unannounced.

The Alexandra Nursing Home is a listed building and stands in its own grounds on the outskirts of Poulton-le-Fylde. The service has their own car parking facility within the grounds. The service provides nursing care for up to seventy-seven people. The service has a

separate dementia unit that is purpose built. This building adjoins the main home and provides dedicated care for people living with dementia. There is lift access to the two floors.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

At the last inspection on 27 November 2013 the service was meeting the requirements of the regulations that were inspected at that time.

People who lived at the home and relatives told us they felt safe because there were sufficient staff on duty to meet their needs. We found people's care and support needs had been assessed before they moved into the home with risk assessments in place to ensure people's safety. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

We observed medication being dispensed and administered in a safe manner. We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had

information about people's dietary needs and these were being met. One person who lived at the home said, "There is a pleasant atmosphere and the food is always good."

Staff we spoke with had a good understanding of how people should be treated in terms of respect and dignity. During our observations we saw examples of staff being respectful, caring and sensitive towards people who lived at the home.

We found examples where the service had responded to changes in people's care needs. We found evidence in records where referrals had been made to external professionals. Records were up to date and reviewed providing information for staff to deliver quality care.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time.

We found a number of audits were in place to monitor quality assurance. Records demonstrated identified issues were acted upon in order to make improvements. The registered manager had systems in place to obtain the views of relatives and people who lived at the home.

# 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.

From our observations and discussion with people we found there were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Good



### Is the service effective?

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Good



### Is the service caring?

The service was caring.

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Good



### Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was clear leadership at the service. The registered manager understood their legal responsibilities for meeting the requirements of the law.

A range of audits was in place to monitor the health, safety and welfare of staff and people who lived at the home.

The registered manager was open and approachable and demonstrated a good knowledge of people who lived at the home.

# Alexandra Nursing Home - Poulton-le-Fylde

## 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 was an unannounced inspection visit carried out on the 08 July 2015.

The inspection visit was carried out by a social care inspector, a specialist professional advisor in dementia care and by 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. The expert by experience on this inspection had a care background with expertise in care of older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

During our inspection we used a method called 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.

We spoke with a range of people about the support and care people received at the service. They included the registered manager, two visiting health professionals ten staff, six relatives and 15 people who lived at the home. We also contacted the Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We had a walk around the building and looked at all areas of the premises. Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included recruitment of two staff, four care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe and staff ensured they were attended to in a timely manner. Observations made during our inspection visit in the dementia unit and other parts of the service, showed they were comfortable in the company of the staff supporting them. One person who lived at the home said, "I am originally from out of town but have lived over here on the coast for some time now. In here I am safe and well cared for by excellent staff." Also another person said, "I do feel safe here and the staff are excellent."

We had a look around the building and found it was clean, tidy and well-maintained. No offensive odours were observed by the Inspection team. People we spoke with said they were happy with the standard of cleanliness in place. One relative visiting said, "It is clean and does not smell like other homes."

During our observations we found call bells were positioned in bedrooms close to hand so people who lived at the home were able to summon help when they needed to. We observed people did not have to wait long when they pressed the call bell for assistance. One person who lived at the home said, "I know they are busy but I don't have to wait long when I press the buzzer."

We saw there were safeguarding policies and procedures in place. Staff we spoke with were knowledgeable about the actions they would take if they witnessed any abuse taking place. Training records we looked at confirmed staff had received related information to ensure they had the knowledge and understanding to safeguard people. Staff told us training to safeguard vulnerable adults was updated regularly. This was part of the services mandatory training programme. Staff training records confirmed this.

There was evidence in people's care records we looked at of comprehensive risk assessments. They included falls management, moving and handling and pressure ulcers. The risk assessments were regularly updated. We saw evidence of how they responded to risk by seeking medical advice and implementing that advice to achieve change. For example one person was identified as losing weight. This was highlighted as a nutritional concern and an action plan was agreed following medical advice the person started to put on weight and continued to be monitored.

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by staff following incidents that had happened.

We looked at staffing levels the registered manager had in place to establish if there were enough staff to meet people's needs. Staff, people who lived at the home and relatives felt the deployment of staff were sufficient to keep people safe. Eight out of nine people we spoke with about the staffing levels felt there were enough personnel around to care for them properly. Comments included, "Yes there is staff around if you need them." Also, "There is enough staff to look after us." A staff member said, "We work well and I feel we have enough staff to care for residents in the dementia unit."

Staffing levels had been assessed and were monitored as part of the management team audit processes. The registered manager told us they reviewed staffing levels on a regular basis. For example when admissions went up or down, staffing levels were amended. They had recently advertised for new staff and interviews had commenced to ensure staffing levels were sufficient to meet people's needs.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references from previous employers.

We found medicines were administered safely. We observed medicines being administered at breakfast and lunchtime. We found medicines were administered at the correct time they should be. We observed the staff member ensured medicines were taken, by waiting with the person until they had done this. A staff member said, "It is important to see the person takes the medicine and gently encourage them to do so."

The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only staff trained in medication procedures were allowed to administer medication. This was confirmed by talking with staff.

## Is the service safe?

There were controlled drugs being administered at the service. This medication was locked in a separated facility. We checked the controlled drugs register and correct

procedures had been followed. Records looked at showed the correct record keeping for the amount of tablets left in stock were accounted for. This meant medicine processes were undertaken safely.

# Is the service effective?

## Our findings

From our observations and discussions with various people we were able to confirm that people who lived at the home were receiving effective and appropriate care which was meeting their needs. Comments included, “I have been here for a while and find it comfortable with good staff that look after me well.” People told us they felt staff were aware of their needs and the support they required. One relative said, “[Relative] needs a lot of support and the staff appear to know what to do and how to care for him.”

We looked at training records for staff members. Records showed members of staff had completed key training in all areas of safeguarding vulnerable adults, dementia awareness and moving and handling techniques. Training for these topics were updated on a regular basis. This was confirmed by records we looked at and talking with staff members. Individual training programmes were in the process of being computerised. A staff member told us the system would be better and highlight when their mandatory training was due for all staff members.

Staff told us they were also encouraged by the registered manager and senior staff to further their skills by obtaining professional qualifications. For example one staff member told us they were undertaking a national vocational qualification to level 4 (NVQ). The continuing programme of training for staff ensured staff were competent to provide quality care because they had the skills and knowledge to support people. Comments from staff about access to training courses were positive and included, “Training courses are provided and the manager supports you to keep up with any courses that are on offer.”

Some staff told us they received supervision and appraisal to support them to carry out their roles and responsibilities and discuss any issues and their own personal development. However other comments from staff said they had not had supervision for a long time. One staff member said, “I don’t remember the last time I had formal supervision. I know I can speak to the manager though any time.” Another staff member said, “Yes supervision with [senior staff] every three months sometimes goes to four.”

Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. We discussed supervision with the registered manager who explained due to shortages of

senior staff one to one meeting sessions had lapsed and were not completed regularly. However they were now catching up and would ensure they were taking place on a regular basis. A staff member we spoke with confirmed they had received supervision and that it was taking place more often now.

Comments from people who lived at the home and relatives were positive in terms of their involvement in their care planning and consent to care and support. Three relatives we spoke with told us they were involved and consulted regarding the care package of their relative. They also felt the staff involved knew their relatives well and understood their likes and dislikes. A relative said, “The staff are so good in the dementia unit. It has been difficult as a family but they keep us well informed and involved us in the care and support that was required for [relative].”

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and staff demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. We spoke with the registered manager and staff to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. One staff member said, “Ask me anything about DoLS and the MCA I am aware of restrictive practices and when to apply for an assessment. We have had training.” This meant clear procedures were in place to enable staff to assess people’s mental capacity, should there be concerns about their ability to make decisions for themselves.

The registered manager had requested the local authority to undertake a DoLS assessment on people who lived at the home. We looked at one person’s care plan and found appropriate arrangements in place to support this person. This showed the service knew the correct procedures to follow to make sure people’s rights had been protected.

## Is the service effective?

During our observations we did not see any restrictive practices. The registered manager had also requested further DoLS assessments for people and were awaiting response from the local authority.

Staff working at the service who were responsible for the preparation and serving food had completed training in 'Food and Hygiene', this was confirmed by talking with the cooks. This demonstrated staff were confident in ensuring people received a healthy balanced diet by providing people with nutritious foods that met their dietary needs.

There was evidence in care records of appropriate assessment and care planning for nutritional needs. For example written evidence was recorded where referrals were made to the dietician when people experienced weight loss. Records showed the action plan responding to weight loss and achieving weight gain as a result.

People who lived at the home were given a full menu choice at all meal times and could have refreshments

whenever they wished. We observed this happened during the day of our inspection visit. Light snacks and refreshments were available throughout the day in all parts of the home. The dining rooms were very clean and tidy. We observed lunch being served in the dementia unit and found sufficient staff deployed to support people who required help eating their meals. Comments about the quality of food included from people who lived at the home, "There is a pleasant atmosphere and the food is always good."

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. There was evidence of involvement of other health professionals as required. Records we looked at identified when health professionals had visited people and what action had been taken.

# Is the service caring?

## Our findings

We observed staff interacted with people in a caring and supportive way. For example staff spent time sitting with people on a one to one basis holding hands and gently calming a person who became anxious. One staff member said, "In the dementia unit it is challenging and patience and caring for individuals is so important."

People who lived at the home we spoke with told us they were treated with kindness and compassion and the staff were caring towards them. For example one person who was mostly confined to bed said, "The carers were wonderful and spent as much time as possible with me keeping me informed as to what was happening each day in the home." A relative we spoke with said, "Staff were very caring."

As part of our observation process (SOFI), we observed good interactions and communication between staff and people who lived in the dementia part of the home. People were not left on their own for any length of time. We observed staff spending time with a person who was agitated and sensitively moved the person to a quieter area and spend some time with the person. People were provided with drinks and supported and encouraged by staff to drink. People who lived at the home and required the bathroom did not wait long for assistance.

We observed routines in all areas of the building were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas. One person who lived at the home said, "It is a good atmosphere around the place despite being a big home."

We observed staff being patient and respectful towards people. For example one person wished to go outside and

required the support of a staff member. The staff supported the person to walk to the garden and chatted and showed patience as the person walked very slowly. We spoke with the staff member who said, "You have to respect people cannot move as quickly as they used to so patience is very important."

We looked at four people's care records to check people's involvement in care planning. We found records were comprehensive and involved the individual. Where appropriate relatives were also involved and signed the plans of care.

We spoke with visitors and people who lived at the home about visiting times and if there were any restrictions. A relative said, "No there are no restrictions. We come when we want and are always welcomed."

We were shown around the premises by a member of staff. We noticed staff knocked on people's doors before entering. They would not enter until a response was given or they were aware the person was out. One person who lived at the home said, "They always knock on my door and wait till I say come in." A staff member said, "I always wait for a response before entering bedrooms it's what I would expect."

The registered manager told us people who lived at the home had access to advocacy services. Information was available in the reception area so that people were aware of who to contact should they require the service. Although some people at the home were living with dementia at various stages the registered manager felt, this was important. This meant it ensured people's interests were represented and they could access appropriate services outside of the service to act on their behalf.

# Is the service responsive?

## Our findings

People who lived at the home told us they felt staff were responsive and supportive to their needs and offered people choice and involvement in all parts of their care. One person who lived at the home said, “The staff here treat me very well, like family, and they are mostly very good.” Also, “I get to choose the way I spend my time the staff are supportive.”

We spent time in the dementia unit observing care practices and talking with staff, relatives and people who lived at the home. There were specific staff responsible for organising meaningful activities designed to stimulate people living with dementia. Staff were seen to be playing various games and engaging people in reminiscence sessions. One relative said, “The activities person is so wonderful with all the residents in this unit.”

People told us there were plenty of activities arranged. For example a singer was planned every week and we were told they were very popular by relatives and people who lived at the home. One person said, “The singer is good I do enjoy their visits.” Other activities included a VE day (Victory in Europe) party organised by the management team and staff were in period dress. One person who lived at the home said, “I enjoyed the VE day party here though, when the real one took place I was stuck in Egypt with the signals. The songs take you back all right and the staff really got into it.”

There was evidence of comprehensive, individualised, assessment and care planning within the care records we reviewed. We found examples where the registered manager and senior staff had responded to changes in people’s needs as they arose. We looked at referrals made to doctors, the continence service and dietician. Staff told us referrals had been made as soon as concerns had been identified for example weight loss.

We spoke with the registered manager and staff about their process for care planning when people were admitted to the home. They told us care plans were developed with the person and family members if appropriate as part of the assessment process. We found examples of this in care plans with input from relatives or the person themselves. Care records we looked at were developed from the assessment stage to be person centred, which meant they involved the person in planning their care. The details demonstrated an appreciation of people as individuals. For example we saw history profiles of people and information of their preferred routines and how they wished to spend their time.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time. Comments from relatives we spoke with included, “Yes anytime the staff don’t mind what time I come. I am restricted through work commitments.” Another said, “The staff are very good they will always offer us a drink or snack.”

The service had a complaints procedure on display in the reception area for people to see. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint.

We discussed the management of complaints with staff, who demonstrated a good understanding of the process for responding to concerns/complaints. People and their relatives/friends told us they felt their concerns were listened to and acted upon appropriately. One person who lived at the home said, “I have no complaints at the moment but would know to speak with [registered manager] if I was concerned over something.” A relative said, “We were given information about the procedure to follow should we wish to complain. However we never had course to.”

# Is the service well-led?

## Our findings

People who lived at the home and relatives we spoke with said they knew the registered manager and thought they ran the home well. People told us they thought the registered manager and senior staff were respectful and caring people. Comments from people who lived at the home included, “[registered manager] has been here for ages she knows the job inside out. A very good hearted person.” Also, “I must say all the senior staff and management are helpful and do attempt to get to know people.” A relative we spoke with said, “I do all the dealings with the management concerning [relative] care and I am very happy and satisfied with everything here.”

We observed during the day the registered manager was part of the staff team providing care and joining in with activities with staff and people who lived at the home. One staff member said, “She is hands on and helps out as a team.”

This was a big service and from our observations, discussions with health professionals, relatives and staff we found the service was well led. A relative we spoke with said, “I think this home is very well run.” Staff told us they were aware of their responsibilities and what the registered manager’s role was. A person who lived at the home said, “I am sure this place is well run and I know the staff are efficient.”

People who lived at the home we spoke with and three relatives told us they were encouraged to get involved in the development of the service and share ideas to improve the quality of care. For example relatives were encouraged to attend resident/relative meetings and complete surveys sent out to pass their views on how they felt the service was performing. One person visiting said, “I am aware of

meetings but have never felt the need to attend as I think this home is well run.” The registered manager would analyse the responses and act on any negative comments. For example one person suggested activities were ‘poor and there was little done to engage residents’. The registered manager responded by employing two activity co-ordinators who now work daily 9am until 4.00pm. People we spoke with commented positively about the activities and the work the staff do now to engage people in their chosen interests.

Relative, resident and staff meetings were held on a regular basis. A suggestion from the resident meeting was a request to hold a summer fair ‘theme day 1950’. This was agreed and a set date has been organised for 01 August 2015. One person who lived at the home said, “I will look forward to that.”

We spoke with the registered manager about people who lived and the home. They demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight with the staff and people who lived at the home. A senior member of the management team said, “We are aware of the size of the home, however we do endeavour to get to know all the people involved in making this a caring environment from the staff to the residents.”

We found there were a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. Audits included Infection control and reviews of care plans. These audits were not taking place on a regular basis. The registered manager and the provider told us they would be introducing a more regular system of auditing the service, to ensure any issues were highlighted and acted upon. This would ensure the service would continue to develop and there was a system of regular monitoring of the service.