Akari Care Limited

Alexandra House

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection which took place over two days on 16 and 17 December 2015. The service was last inspected in February 2014 and was complaint with the regulations in force at the time.

Alexandra House is a care home which provides personal care for up to 40 people. Care is primarily provided for older people, including people who are living with dementia. There were 39 people living there at time of inspection.

There was a registered manager who had been in post since September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service and that staff knew how to act to keep them safe from harm. The building and equipment were well maintained and there were regular health and safety checks undertaken by staff. There was a need to repair two shower rooms.

Summary of findings

There were enough staff to meet people's sometimes complex needs and the staff were trained, supervised and supported to effectively meet these needs.

Medicines were managed well by the staff and people received the help they needed to take them safely. Where people's needs changed the staff sought medical advice and encouraged people to maintain their well-being. External healthcare professionals' advice was sought quickly and acted upon. Improvement was needed to the temperature control of the medicines storage room.

People were supported by staff who knew their needs well and how best to support them. Staff were aware of people's choices and how to support those people who no longer had the capacity to make decisions for themselves. Families felt the service was effective and offered them the reassurance that their relatives were being cared for. Where decisions had to be made about people's care, families and external professionals were involved and consulted as part of the process.

People were supported to maintain a suitable food and fluid intake. Staff responded flexibly to ensure people maintained their physical wellbeing and worked with people as distinct individuals.

Staff were caring and valued the people they worked with. Staff showed kindness and empathy in responding to people's needs. Families felt their relatives were cared for by a staff team who valued them and would keep them safe.

Privacy and dignity were considered by the staff team, who ensured that people's choices and previous wishes were respected. Our observations confirmed there was genuine empathy and warmth between staff and people living at the home. People who were receiving end of life care had their needs appropriately assessed. External professional advice was sought where needed to promote advance care planning.

The service responded to people's needs as they changed over time, sometimes responding promptly to sudden changes in people's needs. The service supported people to access appropriate additional support so the staff could keep them safe and well.

The registered manager led by example, supporting staff to consider the best ways to meet people's needs. The registered manager regularly consulted families and staff to look for ways to improve the service and audits and regular reviews of care delivery were carried out. The registered manager had started to develop tools and techniques to further improve personalised care.

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?

Good

The service was safe. Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely. The temperature control in the medicines storage area was at times too high.

Is the service effective?

Good

The service was effective. Staff received support from senior staff to ensure they carried out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where required.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. Where people were deprived of their liberty this was in their best interests, was appropriately put in place with the necessary authorisations and was reflected in their care plans.

Is the service caring?

Good

The service was caring. Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care. People were supported effectively by staff at the end of their lives.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made in response to requests from people using the service, relatives and external professionals.

Staff knew people as individuals and respected their choices.

Summary of findings

People could raise any concerns and felt confident these would be addressed promptly by the registered manager.

Is the service well-led?

Good

The service was well led. The home had a registered manager. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations.

The provider had notified us of all incidents that occurred as required.

People were able to comment on the service provided to influence future service delivery.

People, relatives and staff spoken with all felt the registered manager was energetic, caring and responsive.

Alexandra House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 December 2015 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector 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.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adults' team and commissioners of care was also reviewed. They had no negative feedback on the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with 13 staff including the registered manager and their deputy, 11 people who used the service and three relatives or visitors. Observations were carried out over a mealtime and during a social activity, and medicines management was reviewed. We also spoke with three external professionals who regularly visited the service.

Four care records were reviewed as were seven medicines records and the staff training matrix. Other records reviewed included safeguarding adults' records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment/ induction and training files and staff meeting minutes. We also reviewed people's weight monitoring, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas on each unit, offices, storage and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was a safe place. One person told us, "It's safe as houses, you cannot fault the staff, they will do anything for you." Another told us "Everything works like clockwork. I get my meals three times a day and I get my tablets three times a day, everything is just fine." All the people and relatives we spoke with were able to tell us they felt the service was well maintained, clean and tidy. They also told us there was enough staff to meet their needs at all times and that staff had time to stop and talk.

Staff we spoke with told us what they did to make sure people remained safe, for instance, by ensuring that people who needed supervision were supported by a staff member when they left the lounge. They told us they had attended safeguarding adults training and could tell us what potential signs of abuse might be in people with a dementia related condition. Staff we spoke with all felt able to raise any concerns or queries they might have about people's safety and well-being and felt the registered manager would act on their concerns. We saw that where alerts had been raised by the registered manager they had been acted upon correctly and that improvements had been made. For example one person had needed increased observations and referral for external professional advice.

We saw there were risk assessments and care plans in people's files designed to keep them safe and reduce the risk of harm where this was identified. People's risk of falls were being managed and referrals to external professionals were made if required. We observed that people who needed support to maintain their food and fluid balance were supported and encouraged by staff to eat and drink. Records were kept throughout the day of peoples food and fluid intake when required.

The registered manager and staff undertook regular checks within the service to ensure the environment was safe. A maintenance record was kept and we observed that the building was clean, tidy and well maintained. We saw records that confirmed equipment checks were undertaken regularly and that safety equipment within the home, such as fire extinguishers, were also checked regularly. People and relatives commented to us that the environment was homely, but always clean and tidy. We saw that following a recent water leak two shower rooms were out of use. We discussed this with the registered manager who was awaiting quotes for repairs. They agreed to make sure this was prioritised.

The registered manager explained to us how they calculated the staffing numbers required across the service to ensure there was adequate staffing. This was based on the numbers of people and their levels of dependency. Staff told us they felt there was enough staff and we observed that staff were able to respond quickly and still had time to spend with people talking or just being in communal areas with people.

We saw from records that the registered manager met regularly with the staff team and with people and their relatives. These meetings checked if they had any concerns about the service and staff told us they felt able to raise any concerns they had about people's safety and wellbeing. Relatives told us they could pop their head in the registered manager's office at any time to ask any question.

We looked at four staff recruitment files. Before staff were confirmed in post they ensured an application form was completed with provision for staff to provide a detailed employment history. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Appropriate documentation and checks were in place for all four staff and they were not confirmed in post before all the DBS and references had been received. Staff we spoke with confirmed they had been through the full application and approval process.

We spoke with staff who managed medicines and looked at people's records and the storage areas. Staff were consistent in their understanding of how to order, store and assist people to take their medicines. We observed staff supporting people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as and when required' medicines. Medicines storage rooms were clean and temperature checks of the room and fridge were carried out and recorded. The medicines storage room temperature had been recorded above 25C for the previous two weeks, reaching a maximum of 30C on some days. This

Good

Is the service safe?

meant medicines were not stored at the correct temperature. We brought this to the registered manager's attention who agreed to take immediate action to resolve this by purchasing an air conditioner. We also found that one person's topical creams and ointment record sheets were not available to be checked. We could see from the person's skin condition and talking to staff they had been applied as prescribed, but the record had been lost. When we brought this to the staff's attention they agreed to review how the record sheets were stored in people's bedrooms.

We spoke with cleaning staff and they told us there were schedules in place to make sure all areas of the home were kept clean. Staff wore suitable protective clothing when they were cleaning. The home was clean and tidy throughout and we saw domestic staff clean communal areas after mealtimes and remove any spillages. Staff advised us their stock of hand towels and toilet roll sometimes ran low and they had to travel to other provider services to top up supplies. We brought this to the registered managers attention who agreed to review the regular order.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the service was effective at meeting their needs. One person told us, "My family can visit at any time, I have my hair done every week, The GP comes in most days, the chiropodist visits regularly and I have a chaperone when I go to hospital. I can choose what I want to eat and how I want to spend my day. Everyone is kind and caring and the carers will take you out when they can. I'm quite happy with everything." Another person told us, "It's well run, the girls are all very nice and the food is lovely. I can't think of anything that I would change." Relatives we spoke with agreed, they told us the staff knew how to care for people, that the food was good and they felt involved and consulted by the staff. One relative told us "They talk to the residents here, not just Mam but all of them and they listen to them. It's all about the residents, the focus is the residents, they're marvellous and I've no worries about Mam at all."

Records of staff induction showed that all staff went through a consistent process to prepare them for their roles. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. We saw all staff had attended the provider's mandatory training such as fire safety and had attended training on dementia care. The registered manager kept a training record for all staff that showed when refresher training was needed. Staff told us the key to knowing the people who lived there was spending time with them and talking to their families about how best to support them. Staff told us they felt able to raise any questions about how best to support people and they would be addressed. Staff training was just below the providers expected levels, but the registered manager showed us the schedule of training they had booked over the coming weeks to improve this. We saw they had adjusted the dates and times of training to fit in with staff shifts so they could improve attendance rates.

All staff told us they were regularly supervised. Records showed that supervisions included discussion about the needs of people as well as the individual performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance, as well as advice about external training that they could access if required. We saw the registered manager liaised with external trainers and the local council to access additional training for staff in response to requests from staff, for example about managing complex behaviours.

Each person's care records had a consent form and this was signed by the person or, if they were not able, by their relative or representative. We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people what they wanted to do after a meal and if they needed any 'as and when required' pain relief.

During mealtimes staff were able to tell us the food each person preferred and how they supported them to eat well. We saw people made choices about their food and staff responded promptly keeping peoples drink topped up and offering an alternative if they did not like the choices available. The food was well presented and hot and cold drinks were available. People told us they enjoyed their meals and we observed a relaxed mealtime experience. We saw that staff assisted some people to eat, engaging them in conversation whilst doing so. One relative told us, "There's always a fresh bowl of fruit for residents." A resident said "There's plenty of tea and coffee too and there's a sweet trolley that comes round and sometimes there's ice-cream on it."

We saw from records there was information recorded about nutritional needs and that nutritional assessments were reviewed regularly. This helped staff identify people who may be at risk of losing or gaining too much weight. Weights were monitored monthly or more frequently when an issue had been identified. We saw entries in the care records which showed staff sought advice or assistance from health care professionals such as the GP, dentist, speech and language therapy and dietician where concerns were identified. We saw that this professional advice had been incorporated into people's care plans.

There was evidence of joint working between the service and the local GP's and community health professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly updated following this advice. Staff told us how they used this advice to adapt their approach to working with some people. A visiting health professional told us they had a good working relationship with the service and spoke highly of the registered managers and staff's commitment to maintaining people's wellbeing.

Good

Is the service effective?

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw from records that the registered manager had referred people for assessments for DoLS as necessary. There were people at the service subject to DoLS and this was reflected in their care plans. Family members we spoke with about DoLS had been involved in the process and were aware of the process to appeal any decisions. We saw that the registered manager had a process in place to review DoLS as people's needs changed.

Good

Is the service caring?

Our findings

People told us they felt the staff team were caring. One person told us, "I'm very happy with the staff, they're great and when I need to go to hospital they come with me and stay with me even if I'm there for a few hours." Another told us, "Staff are kind, caring and nice, I'm quite happy." Relatives we spoke with agreed. One told us, "Staff are marvellous; if there's a problem they're straight on the phone." Another relative said, "I've no worries at all, Mam loves it here and I'm going to book my place here too for when the time comes." One person told us they could be very specific about how their needs should be met, and that staff responded positively to them by saying, "I'm happy if you're happy."

Staff talked to us about people with kindness and used terms of affection in their conversations. Staff told us they liked to care for people as if they were relatives, or how they would like to be cared for themselves. This mirrored the positive language used by the registered manager and we saw many positive interactions throughout the visit.

Some people had advanced dementia related conditions and we saw that staff carefully monitored people throughout the day. We heard staff discussing how one person seemed withdrawn and we observed that they then took steps to closely monitor them. Relatives we spoke with also told us that staff contacted them regularly to keep them updated on any changes and they felt staff were attentive when they visited. People and their relatives all told us how they had been involved in the development of their care plans and felt included by the staff.

During the inspection we observed staff always acting in a professional and friendly manner, treating people with dignity and respect. We saw smiles and warm exchanges between staff and people, particularly from the registered manager. Staff gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear each day, ensuring privacy when assisting with personal care and respecting people's rights and choices. We saw that people were supported to take pride in their appearance. Staff told us they promoted people's independence by allowing people to do things for themselves if they were able.

Staff were able to tell us about people's preferences in daily living, including their likes and dislikes. The service was in the process of developing a 'one page profile' for each person, which would inform the reader of their likes and dislikes and how best to support them. We saw that staff had completed these profiles as part of their training. These profiles were available in the reception area so that visitors could read about the staff who supported their relatives. Staff we spoke with about this process thought it would only help improve what happened already.

The service had a dignity champion who had lead responsibility in the service to act as a good role model by treating people with respect. They were supported by the registered manager to gather information from the dignity champion's network and disseminate good practice to the wider staff team.

Staff we spoke with were able to tell us about people's history, how best to support them and they were knowledgeable about individuals. Families we spoke with told us they had been involved in the creation and review of people's care plans.

In the reception area of the home we saw information was available about advocacy services provided in the local area, as well as a photo board of the staff team. There was also information about safeguarding adults, how to complain and the home's survey results for people or visitors to review. Relatives told us the registered manager would often greet people when they called to pass on any new information or check how a visit had gone as they were leaving. The large reception area was often used for activities as well as offering an informal seating area used by people and staff.

We were told that there were regular resident and relatives meetings where problems could be raised and changes discussed. People and their relatives told us they were invited to attend the meetings. The relatives we met felt the staff and registered manager were receptive to their ideas and suggestions.

We saw people had information in their care plans about their preferences for care at the end of their lives. Staff told us they were experienced in providing end of life care and this was supported by training records. Staff said they linked in with local GPs and NHS nurses to administer medical support such as pain relief and in making advance decisions care plans. They also told us they worked closely

Good

Is the service caring?

with people and their families to ensure end of life wishes were met. An external professional told us the staff had worked effectively with district nurse staff to support people at the end of their life.

Good

Is the service responsive?

Our findings

People told us they felt the service responded well to their needs. One person told us, "If there's anything I want to know I just ask one of the girls or the manager. They're all approachable and will sort things out straight away." Another told us, "You've just got to ask if you need more help or something different." All the relatives we spoke with felt the service made changes to meet people's needs as they changed over time. We spoke with people who had more than one relative cared for by the service over time. They told us how each person had received different care that reflected who they were.

We looked at people's care records, including care plans about their needs and choices. The quality of recording was consistent and provided clear information about each person. The care plans were reviewed regularly and any changes made were then clearly communicated to staff. Staff we spoke with were aware of people's recent changes in needs or when professional advice had changed. For example about a person's support around their mobility, and another about suitable foods.

We saw that an assessment of people's needs was carried out prior to admission to the service. Each person had a care plan prepared before their admission so staff were clear about the initial support they needed. This was then amended as staff got to know people better and understand their preferences and needs. This meant people's care was individualised from the beginning of their stay at the home. We found that the care delivery was responsive and ensured individual needs were met.

Formal reviews of care were held with families and external agencies, such as social workers. Reviews happened when people's needs changed, or annually, in order that the staff could seek external professionals' input before making any changes to their care delivery. Staff told us they tried to ensure that families either attended these meetings when appropriate, or they sought their views before making any changes. An external healthcare professional we met told us that staff sought their input and advice and they were happy that this was then acted upon.

Relatives confirmed that they were aware of meetings where they or people could express their views or make any suggestions and that they were involved in various fundraising events.

Staff told us they provided activities and one staff member led on this work, though all staff were encouraged to be part of activities within the service. We saw that people had one to one time, as well as group activities such as art and crafts. Communal areas had been decorated with themes, such as Blackpool. All parts of the building were differently decorated with sources of stimulation available. We saw staff and people engaging in humorous conversation with lots of smiles and affectionate interaction. During our visit we saw formal and informal activity at most times of the day.

We looked at the systems for recording and dealing with complaints. People were given information about how to make a complaint when they came to live at the home. There had been one complaint in the last year. This had been responded to promptly by the registered manager and a positive outcome achieved. People and relatives we spoke with told us they had no cause to complaint, but knew how to and felt if they did it would be taken seriously by staff and the registered manager. The registered manager told us they welcomed comments and complaints as it was an opportunity to review practices and make improvements.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led by the registered manager. One person told us, "The manager is fantastic." All the people, relatives and external professionals we talked with gave us a similar message. It was felt that the registered manager set the tone of the service through their words and actions and the staff mirrored this ethos.

We observed the registered manager interact with staff, relatives and people throughout the visit. All these interactions were positive and demonstrated how well they knew each other.

The staff we spoke with all held the same value base about caring for people the way they would like someone to look after their own friends and family. Staff told us the registered manager had the same approach and encouraged staff to think about the way they supported people, and think how would they like someone to care for their family or friends. We saw that staff felt positive about the service they offered.

Regular checks and audits were carried out by the registered manager. These analysed for example where people had experienced falls, significant weight loss, the use of medicines, care plan reviews and the accident and incident log. We saw this information was then used in people's care plans to review any areas of concern, such as weight loss and highlight this with the relevant external health professional if there was a need for further support.

The registered manager told us about the links the home had with the local community, through fundraising activities. There were links with the local school and the local churches.

The registered manager was clear in their responsibilities as a registered person, sending in required notifications to CQC and reporting issues to the local authority or commissioners.

We saw records that the registered manager met with staff, people and relatives regularly and used these meetings to effect changes to the service. We saw that staff were given feedback, and that fundraising activities and other ways for families to get involved were discussed. The relatives and staff we spoke with about these meetings told us they were helpful.

The registered manager had appointed a number of lead roles or 'champions' in the service. These covered areas such as dignity, safeguarding, oral care and nutrition as well as others. These gave staff areas of special interest or responsibility to actively contribute towards service improvement. We spoke with staff who had these champion roles. They told us how they felt supported by the registered manager to bring new ideas into the service and support the wider staff team to improve.

The home carried out a regular survey of people and families. We saw the results of the last year's survey and feedback was positive.

The registered manager told us they were using the 'Progress for Providers' toolkit. This is a range of simple self-assessments to enable providers to deliver more personalised services. The registered manager told us they intended to use this to further develop once the new one page profiles were in place for all people.

An external professional we spoke with felt the service worked well with them, seeking out their input and advice, but also managing people's complex needs. They told us the registered manager often looked at ways the service could make small changes to care plans to support people, before referring externally.