

Cuerden Developments Ltd

Cuerden Developments Limited - Alexandra Grange

Inspection report

Alexandra Grange
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Alexandra Grange is a care home providing personal care to 51 people at the time of the inspection. The service accommodates up to 54 people in one building split over two floors.

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

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "I do everything I can for myself [regarding personal care] and the staff do the rest. They listen to you and everything and talk to you."

Medicines were managed safely. One relative told us, "I would say they manage my [relative's] medication very well."

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse.

People enjoyed the food they ate and told us they had choices in the menu. A relative told us, "By all accounts, the menu is very good; very varied. The carers have to feed [my relative] and say they are eating well."

Person-centred care was promoted and people told us the staff knew them well and responded to their needs in a person-centred way.

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 told us staff were kind and sensitive. One relative said, "[The staff] are decent people. They treat [my relative] very well and do things like mess around dancing with them, which they love."

Person-centred assessments and care plans had been completed which reflected people's needs, wishes and preferences. Staff knew people well and told us how they identified if people's needs changed or if they needed additional support.

Best practice guidance was not being implemented in regard to modified diets which was not flagged on the provider's quality processes prior to our inspection. We have made a recommendation about the provider reviewing their audit processes.

We found the service required refurbishment and areas of flooring required replacing. The provider told us they had a plan to address this.

People and relatives told us the laundry process required improving as people had clothing items misplaced or missing on a regular basis. We have made a recommendation about the provider reviewing their laundry processes.

Staff said they were happy working at the service and spoke positively about the management team.

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

Rating at last inspection

The last rating for this service was good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Cuerden Developments Limited - Alexandra Grange

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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out the site inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector continued with the inspection on day two.

Service and service type

Alexandra Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, team leader, senior care workers, care workers, activities co-ordinator and the chef. We also spoke to a visiting professional. We used the 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the fire risk assessment and legionella risk assessment.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from abuse and information on safeguarding and whistleblowing was displayed in the service. People told us, "I feel safe because we've got very good security. When I get in bed I have a good sleep; that's a sign of how safe I feel" and "It is a hundred percent safe here." A relative added, "Without a doubt [my relative] feels safe."
- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns. One staff member said, "I would report concerns to the senior in charge or the manager. If they don't listen I would go to the CQC."

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were managed safely. Staff had to undertake training before they could administer medicines and staff received regular competency checks to ensure they administered medicines safely. One person told us, "Every morning before breakfast, I have my tablets. [The staff] watch me when I take them. You do get pain relief or if they think it's serious, they'll [staff] get the doctor."
- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. For example, people at risk of falls had plans in place to mitigate the risk, and equipment such as sensor mats were in place.
- The service had procedures in place to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place, which provided guidance to staff regarding the level of support that people would require to evacuate from the service.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had systems in place to monitor staffing levels. One person told us, "Oh yes [there is enough staff] nobody is short of showers and things like that. If you feel ill in the night, you press your buzzer and they come straight away." A relative added, "The staff is very consistent and they [service] don't tend to have agency staff especially in the day. Other members of staff cover sickness absence."

Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed to identify any learning to help prevent a reoccurrence. For example, incidents involving people falling were analysed to look for trend and referrals were made to other professionals such as the falls team.

Preventing and controlling infection

- We saw the service had been awarded a 5 star food safety and hygiene rating in March 2019. This was the highest rating available.
- Domestic staff were employed to maintain the cleanliness of the service. We observed staff cleaning communal areas and people's rooms. Designated washing and laundry areas were available to ensure soiled clothing and bedding were washed separately and reduce the risk of the spread of infection. We observed staff using personal protective equipment including plastic gloves and aprons when necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were assessed prior to starting with the service and care plans were developed according to people's needs. People were involved in their care planning, which was reviewed at regular frequent intervals or when people's needs changed.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and preferences with daily routines. A relative told us, "The staff know [my relative] well; they can tell us how they have been. Even without speech, they [staff] can tell how [my relative] is feeling and what mood they are in."

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One staff member told us, "MCA is when they [people] can't make a decision for themselves and their capacity needs to be assessed to see if they can make a decision."
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed. We saw staff worked in accordance with people's best interest in making decisions. A staff member told us, "We have some people on a DoLS and is about people with restrictions [to their daily living activities] for their best interests."

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

- We observed mealtimes were a social and relaxed occasion. Staff were available to provide any assistance to people who needed support. A person told us, "There is always good food, nice and hot, and always tasty."

We have a roast dinner weekly. You can choose what you want [to eat] and if you want a drink you can ask and you get one straight away. And we all have a big jug [of drink] in our rooms and in the lounge."

- People's dietary requirements were documented in care plans. The service had a 'candy cart' with snacks for people to access, and staff also went around offering fruit and drinks to people. A person told us, "I don't eat meat, and they always give me something I like; I am quite fussy, so I stick to the same things, and they [staff] don't mind."

- People with modified diets had assessments from speech and language therapist (SALT) to specify the type of diet they needed to consume. Food charts were in place for those people who were at risk of malnutrition which showed the foods they consumed. However, those people on modified diets who were not at risk of malnutrition did not have any documentation to evidence what foods they had consumed. The registered manager responded during the inspection and implemented the food charts as needed.

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

- The staff worked with other agencies, including health and social care professionals and community teams to ensure consistent good practice. People were referred to other professionals when required. A visiting professional told us, "The staff are skilled and manage the dementia care well. The registered manager is proactive in referring into the team."

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

- The service was split over two floors. Corridors and doorways were wide, enabling people using walking aids to move independently around the service. The service used signage to help people find their way around and support their independence. We observed areas required refurbishment, including the flooring. The provider told us they had a plan to address this.

- People had a choice of areas to meet with visitors, join in with activities or spend time in private. The service had a 'beach room' used for quiet time and relaxation. People chose the colour of their bedroom doors and they had their names and photographs displayed. One relative told us, "The environment is okay, very clean, and you're free to put up pictures in their room etc."

Staff support: induction, training, skills and experience

- Staff continued to receive an induction before they started working in the service, they received training, regular supervisions and annual appraisals to ensure they were competent. People and their relatives we spoke with said staff had the right skills to meet people's needs. A person commented, "'I watch [the staff] with people and I feel they know what they are doing. They look after my needs a hundred percent."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff engaged with people in a friendly and caring manner. Their conversations with people were familiar and good natured. Staff were also attentive to people's needs. People told us, "The carers are so nice", "The staff will do anything you want, straight away; they're always very willing to help" and "The staff are brilliant."
- Staff spoke enthusiastically about their roles and were dedicated and caring. They knew people's history and preferences and used this knowledge to support them in the way they wanted.
- Staff promoted a positive and inclusive culture. Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "We promote equality and diversity as much as possible."

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

- People's views and decisions about their care were documented in their care plans. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. For example, we saw a staff member making sure to look at a person (with hearing difficulties) face to face and speaking clearly when asking about their care.
- The service had built connections with advocacy organisations and information regarding this was available for people. Advocacy is a process for supporting people to express their views and concerns.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity while they worked, for example by knocking on people's bedroom doors before entering their rooms. We saw dignity and respect signs displayed throughout the service. Staff were friendly and polite when speaking with people.
- The service had dignity champions. Champions have specific skills and knowledge in an area of practice and are to support other members of staff.
- The service promoted people to live as independently as possible. A staff member said, "We try and encourage them [people] to do things for themselves. We give them [people] time to wash their own hands and face."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to receive personalised care that was responsive to their needs. Person-centred assessments and care plans had been completed and reviewed regularly with people. One person told us, "I do feel in control [of my care]; and that's the main thing really."
- People's preferences, lifestyle and histories had been considered and reflected in their care records and people told us staff knew their needs well. Care plans contained personalised information and gave direction to staff that was specific to each individual. For example, this included information about how staff should support people to maintain their oral health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative way.

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

- People had access to a range of activities. The service employed an activities co-ordinator and provided people with a choice of person-centred activities and social opportunities. We observed people taking part in meaningful activities and engage in them well. A person commented, "[Name of staff] is one of the best for our activities."
- There were regular trips out into the community and we found people had a say in the type of activities and trips planned. A person told us, "We have all kinds of activities, dominoes, bingo, and they bring the children in from the school. We were on a big [canal] boat two weeks ago, and we've been to the Blackpool lights, we go to nice parks too."
- Relatives told us they were made to feel welcomed and one relative added, "You can go where you want [when you visit] and you are made to feel welcome. Some family came recently and the staff brewed up and made them all a drink."

End of life care and support

- The service provided people support with end of life care, however no one was receiving end of life care at

the time of our inspection. Staff had received end of life training and the service worked closely with healthcare professionals to deliver end of life care. People had the option to make their end of life wishes known.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with were aware of how to make a complaint. One person said, "I would just go straight up and tell [the staff] if there was something I didn't agree with." A visitor added, "I would just see a senior if I needed to but I've never had any reason to complain. I'm more than happy."
- Processes, forms and policies were in place for recording and investigating complaints. Formal complaints were minimal We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of a high-quality service and care.

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

- The provider had systems in place to monitor the quality and safety of the service. However, improvement was required to ensure that these systems consistently resulted in identified issues being addressed in a timely manner once they had been identified. We found the service required refurbishment and areas of flooring required replacing. This was flagged in the provider's premises audits as well as in relative's surveys which were analysed in May 2019. Action is yet to be completed regarding the replacement flooring.
- As discussed in the 'effective' domain, best practice guidance was not being implemented in regard to modified diets which was not flagged on the provider's quality processes prior to our inspection. We also found a couple of body maps were not completed in relation to the administration of people's creams and medicine audits failed to pick this up.

We recommend the provider reviews their audit processes to make them robust.

- People and relatives told us the laundry process required improving as people had clothing items misplaced or missing on a regular basis. We saw one formal complaint in regard to laundry items going missing, which had been responded to in line with the provider's policy.

We recommend the provider reviews their laundry processes.

The registered manager provided feedback after the inspection specifying the action in progress to address the issue regarding the laundry process.

- Staff we spoke with felt valued and supported by the registered manager. They were clear about the culture of the organisation and what was expected from them. One staff member told us, "[Name of registered manager] is nice and approachable. If I went with a problem they would look into it. They are on the floor speaking to people and they are a supportive manager." Another staff member commented, "Management are belting and [name of registered manager] is very approachable."

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

- The registered manager continued to promote best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. A person told us, "It's a good atmosphere;

everybody seems happy, and we get on well together."

- People's choices were respected, and they were supported to live in the way they wanted. A relative told us, "The people here know my [relative] and socialise even though [my relative] didn't used to. I feel it's helped them [relative] to feel they belong here. [The culture] is open and honest, and I'm up-front with them [staff]."

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

- We saw the service had let people and their relatives know if something went wrong under their duty of candour. Necessary statutory notifications were made to the CQC as required.
- At this inspection we saw the rating from our last inspection was displayed in the building and on the provider's website.

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

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We found people were pleased with the service and staff were happy in their role.
- Regular resident's meetings took place which considered people's wishes and requests. Staff felt team meetings were useful, and they could openly discuss any issues or areas for improvement.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals.
- A visiting professional who regularly worked with the service told us, "The service is very good and the information is always there [in people's care files]. Staff interactions are always positive and staff members always follow the advice that I give. The residents are safe living here. I have no concerns with the home and would recommend."