

Logini Care Solutions Ltd

# Alexandra Nursing & Residential Home

## Inspection report

Doncaster Road  
Thrybergh  
Rotherham  
S65 4AD

Tel: 01709850844

Date of inspection visit:  
06 August 2019  
08 August 2019

Date of publication:  
11 September 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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 Nursing and Residential Home 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.

Alexandra Nursing and Residential Home is in the Thrybergh suburb of Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links. The home accommodates up to 47 adults with both nursing and residential care needs. At the time of the inspection, 44 people were using the service.

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

People told us they felt safe and staff had good knowledge of safeguarding.

Staff told us they knew how to manage risks effectively and identify signs and symptoms of abuse and who to report concerns to.

The provider had failed to keep an accurate record of people's personal belonging and failure to risk assess the safekeeping of personal belongings.

The registered manager had robust recruitment procedures and staffing levels delivered responsive support to people.

People received their medicines on time and as prescribed by trained staff.

The home was well maintained, clean and staff had access to protective equipment to protect people from the risk of infections.

Staff received training at the start and throughout their employment to ensure they had the skills to provide effective care.

People received regular review of their care needs and risks were assessed and monitored to ensure people received safe care and treatment. Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. Activities were available for people to participate in if they wished.

Staff felt very supported by the manager and management team.

People told us food and drinks were of a good quality. People told us the food was very nice and plentiful.

We saw the provider worked with community health professionals to ensure people received effective care.

We saw that staff treated people with dignity and respect.

The service had been responsible for the safe keeping of people's personal possessions without assessing the risk and had failed to reimburse for loss of belonging through their insurance.

The registered manager was aware of their regulatory responsibility to inform CQC of specific incidents which occurred within the service and were doing so when required. However, the registered manager was not aware that they were not registered to provide all of the regulated activities they were providing.

People, staff and relatives spoke positively about the registered manager and management team. There was a positive culture throughout the service which focused on providing care that was individualised. The registered manager used a variety of methods to assess and monitor the quality of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 August 2018).

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?

The service was safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Alexandra Nursing & Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

Alexandra Nursing and Residential Home 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 August 2019 and ended on 8 August 2019.

#### What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, clinical lead, care workers, and the cook. We also spoke with a community nurse and a G.P visiting the service. 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 three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, staff files and policies and procedures were reviewed.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Since our last inspection the home had been burgled. There was a failure in the homes security systems. The provider acted and made immediate additions to their security systems. However, the provider had failed to assess the risks and ensure peoples treasured possessions were safe. They had also failed to keep an accurate record of the belongings they were holding.
- People told us they felt safe living Alexandra Nursing and Residential Home. One person said, " I feel this place is safe because we checked it out first and was impressed with the security in place, good door lock and plenty of staff about I am very happy living here. I couldn't be happier." Another person said, "I feel safe because there is always plenty of staff about. know I am safe as I had lots of problems before I came in here, now I don't, because I trust them [staff]and that makes me feel safe." A visiting GP said, "I haven't come across anything that might put patient's safety at risk."
- Risks to people were assessed and plans were implemented to ensure people received safe care. Plans were in place for risks such as falls, malnutrition, and pressure sores.
- The provider kept a log of any accidents and incidents and these were closely monitored. Staff accurately documented any incidents such as falls or injuries. Each incident form had been checked by management and actions taken had been signed off. Incidents were discussed at regular meetings so learning and action points could be shared.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose. They knew what action to take if they suspected abuse or poor practice and felt confident to 'whistle blow' if needed.
- People were protected from abuse and avoidable harm by staff trained to recognise and respond to any safeguarding concerns.

Staffing and recruitment

- Staff continued to be safely recruited. The provider ensured that background and character checks were carried out prior to staff starting work to ensure they would be safe to work in a social care setting.
- There were sufficient staff present to safely meet people's needs. We observed staff providing care and spending time with people throughout the day.
- People, relatives and staff said they felt staffing levels were appropriate for people's needs.
- Staffing levels had been calculated based on people's needs and records showed the calculated numbers of staff was regularly exceeded.

#### Using medicines safely

- Medicines were stored safely and securely.
- People received their medicines as prescribed by suitably competent and trained staff. .
- Protocols were in place to guide staff how to administer 'as and when required' medicines, also known as PRN.

#### Preventing and controlling infection

- There were infection control procedures in place and these were followed. The provider completed an audit in relation to infection control to ensure the home was clean and maintained.
- We saw staff used personal protective equipment such as gloves and aprons when needed.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the right training for their roles. During the inspection, staff showed a good knowledge of people's medical conditions and how to respond to needs associated with them. One staff member described diabetes care and how they supported a person to maintain their blood sugar levels. We observed staff communicating with a person living with dementia in a way that showed understanding of the condition as well as the person's needs.
- Nursing staff received support to maintain their clinical competencies. They received clinical supervision and there was regular training in clinical procedures to ensure their practice remained up to date.

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

- People were very satisfied with the food prepared for them. One person said, "I'm diabetic and was not doing well at home, but the cook takes care of that now, I trust her." Another person said, "We get plenty of nice food, something different every day. If we don't like what there is they will do us something else." A relative said, " [My relative] didn't eat at home but since being in here they have given encouragement to him and my relative has put weight on." Another relative said, "The food looks and smells lovely." And, "My relative is well fed, the home makes sure they have good food, its top notch."
- People were supported to maintain their nutrition. Care plans were in place and these showed where people had lost weight, they had been referred to healthcare professionals and guidance was drawn up with interventions such as fortified meals to encourage people to gain weight.
- People's care plans documented their favourite foods, including snacks and drinks. We observed staff bringing people drinks and snacks throughout the day and they showed a knowledge of people's preferences.
- We observed the dining experience and found there was a nice, relaxed and friendly atmosphere in the dining room. People were offered a variety of drinks such as wine, beer and prosecco as well as soft drinks. They were offered extra support with eating their meal if they needed it and offered second helpings. Fresh vegetables were used, and the meals looked very appetising.

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

- Care plan contained information about people's health needs which was up to date.
- Where people's health needs changed, staff supported them to access healthcare professionals. One person told us, "I was very ill when I came in here and they got a doctor for me quickly. Thanks to the home I

got treatment, or I could have died."

- We spoke with a visiting GP during the inspection and they told us staff communicated well, passing on important information about people's health and wellbeing to support them to make decisions about people's health.
- People had regular health check-ups and staff monitored when people had been seen by dentists, opticians and podiatrists. Where people had input from professionals for mobility, mental health or long term conditions, care files contained evidence of regular visits with them.

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

- Since our last inspection the provider had strengthened the way they assessed people capacity, and this was now much more thorough.
- When needed, capacity assessment were in place for people and decisions had been made in people's best interests.
- Staff demonstrated an understanding in this area.
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.

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

- The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms.
- The home had a garden area that people could access and a vegetable patch that people told us they enjoyed growing tomatoes in.
- People could access bathrooms with assistive equipment such as bath hoists.

# 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

- People told us they were supported by caring staff. One person said, " Staff work well, lovely with residents." A relative said, "Its lovely. It's a home that like's home."
- We observed very positive interactions between people and staff. Staff spent time with people helping them plan activities and talking to them about their interests. One staff said, "I love my job and what I love most is that I make a difference. I try and make people smile."
- Care was provided in a way that was considerate of peoples' diversity. Care plans and assessments recorded information about people's culture, religion, and gender.
- Peoples spiritual needs were met. The home had a regular visit from a priest who was available to give holy communion for people who wanted this.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were offered choices in care and this matched our observations. Staff gave people choices about when they received care, what activities they took part in and which foods or drinks they would like. One person said, "Nothing is too much trouble. Not a day goes by that they don't ask me if there is anything I need. Your own room is your room, a private sanctuary."
- People's care plans documented their backgrounds and preferences, and these had been used to inform planning for activities and menus. People also regularly gave feedback in these areas and discussed them at meetings.
- The registered manager and staff worked alongside people and their families to review people's likes and preferences and update them into care plans. One relative said, "I've been fully involved in care planning and reviews.
- People told us staff respected their privacy and provided them with care that was dignified. Where people were supported with personal care, this took place behind closed doors. People looked smart with hair made and clean, well-fitting clothes.
- People and relatives told us their dignity was always respected by staff.
- Staff were mindful to respect people's privacy. We observed staff quietly talking to people when offering them assistance and asking permission before entering people's bedrooms.
- People told us staff supported them to be as independent as they could be. Staff had good knowledge of people's level of independence and the importance of not taking skills away from people.
- Personal records were securely maintained.

# 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 had opportunities to engage in activities that were meaningful to them. The garden area was accessible and secure for people to sit outside. The provider had plans in place to further enhance people's experiences. These included; having a mini Olympic fun day.
- People were happy with the range of activities on offer. One person said, " We play bingo, have puzzles and quizzes and sometimes we have entertainers." Another person said, "We are training to enter the homes 'Olympics', we will be having different games and darts with other homes."
- Staff interacted well with people at risk of social isolation, such as people choosing to stay in their bedrooms. We observed staff singing to people and engaging them in conversations, addressing them by their preferred names.
- People were supported by staff to maintain friendships and relationships. Relatives were able to visit people at any time day or night. One relative said, "[My relative] didn't do much before they came in here, never went out and now they help with garden and they can sit him with the others and chat."

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.

- Staff understood and provided support to enable people to communicate effectively.
- Peoples' communication needs were assessed. Staff explained information in ways people could understand and information was accessible in alternative formats if required.

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

- Individual care plans were regularly updated to include detail of people's current needs. The provider had made improvements to care plans and they were more person centred and easy to follow.
- Staff knew the importance of offering choices to people, so their needs and preferences were respected. We found that a number of compliments had been given to the home. One person had written to the home saying, " It's been a pleasure staying here with all of you lovely staff and patients you are fantastic. I would recommend you to anyone, the service is first class. A big thank you from the bottom of my heart. You are bloody marvellous thank you all love you to bits."

Improving care quality in response to complaints or concerns

- Formal complaints were recorded and responded to appropriately.
- A complaints procedure was on display for people and visitors to access.
- People felt able to discuss concerns with the registered manager or staff and felt confident these would be dealt with appropriately. One person told us, " Not had to raise any concerns." And, " I've known [the manager] for years and they take staff to task if there are any problems."
- One relative expressed some concerns during the inspection. We discussed these concerns with the registered manager who explained they were working with the family to resolve the issues.

#### End of life care and support

- People's advance decisions about their care were recorded in their care plans, when needed.
- Staff knew to consider people's wishes to ensure they remained comfortable and pain free.
- Staff had received training on end of life care. Staff said, "We welcome families to come at any time, we do as much as we can, offer them food and drinks and if we have a vacant room they are able to use that should they wish to."

# 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 requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of our inspection there was a registered manager in post. A registered manager is required to be registered with CQC for the regulated activities that are performed at the service. The registered manager was registered to provide nursing and personal care, but they were not registered for the other regulated activities which could be carried out at the home. This had a low impact on people as there were registered nurses employed who had oversight of the clinical governance in the service. The registered manager told us they would apply to CQC to update their registration immediately.
- The provider had a lack of oversight and had failed to assess, monitor and mitigate the risks relating to the safety of people's treasured possession which they had stored. The provider had not ensured there was an accurate log of the possession they held, so had failed to safeguard personal belongings. The provider has failed to reimburse one person for the loss of their possessions despite being able to claim for the loss of possessions against the insurance policy. The provider has now assessed the risk and changed their processes around storing personal items to reduce the risk and have given assurances that they aim to settle the dispute and reimburse for the loss of personal items.

This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not have systems, processes or leadership in place to operate effectively.

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

- The registered manager and staff knew people well and encouraged a friendly and welcoming environment.
- People told us they felt supported by staff who adapted to their changing needs, such as when they felt unwell or needed additional support from other health professionals.
- Staff felt supported by the registered manager and included in suggestions to improve the service. One member of staff said, "If I have a problem I can speak to managers and I would say the majority of staff could. We are a lovely friendly home we all work well together but if there are any problems no one has any issues speaking up."
- Regular communications with people, their relatives and staff ensured issues were immediately addressed.

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

- Relatives said they were kept informed about any incidents or issues. One relative said, "There's great communication, the slightest little thing I get a phone call."
- There was a governance system to ensure all incidents were checked by management and this included considering that relevant bodies had been informed, such as CQC or the local authority safeguarding team. These checks also ensured relatives had been informed of any incidents that had occurred.
- Where required, the provider had notified CQC of events they were required by law to do so. Records showed that where there had been injuries, deaths or safeguarding concerns, statutory notifications had been sent to CQC, however some notifications could have given clearer details of the incident that had occurred.

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

- The provider sought the opinions of people who lived in the home. This was through meetings and surveys. People were given the opportunity to attend meetings to discuss and share any concerns. We saw the feedback received was positive.
- Staff told us they had regular meetings with managers and felt that they were very well supported by the management team. One staff member said, "I know that the managers we have in place are part of our team. [The registered manager] is very hands on and doesn't sit in the office. They know about every job and will assist where there's a need. [The registered manager] is the most hands-on manager I've ever worked for."

Continuous learning and improving care

- Quality checks were completed within the home. These included monitoring of medicines, health and safety and care files.
- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs.
- There were systems in place to identify and manage risks to the quality of the care provided. For example, processes were in place to monitor any incidents or accidents and identify patterns or trends.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.
- We received positive feedback about the service from visiting health professionals. A visiting G.P said, "[The registered manager] would deal with things if brought to their attention. The staff have good communication with each other. The patients have told me that are looked after, I hear this from all different patients."
- A visiting community nurse said, "I come here on a regular basis. There is a good rapport here, they are welcoming, friendly, open, and willing to help. We have a good rapport with the nurses, they contact us should they need anything." And, "I am very confident in the registered manager. This home has got a lot better. Most of the residents really love it. I'd bring my own mum here. It might not be that posh but its lovely and welcoming."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The service did not have systems, processes or leadership in place to operate effectively.
Treatment of disease, disorder or injury	