

## Making Space

# Alexandra House

### Inspection report

Ellacombe Road  
Bell Green  
Coventry  
West Midlands  
CV2 1BS

Tel: 01925751680

Date of inspection visit:  
14 November 2017

Date of publication:  
08 December 2017

### 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 ●

# Summary of findings

## Overall summary

Alexandra House is an 'extra care' housing scheme. People live in their own homes where care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for extra care housing; this inspection looked at people's personal care service.

The personal care and support people required was provided at prearranged times by a team of staff who work at the scheme. There were 33 people living at Alexandra House at the time of our inspection visit. 14 people required assistance with personal care; this is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Since the last inspection in April 2016 the provider of the service had changed. This was the first inspection of Alexandra House since the new provider, Making Space, took over in February 2017.

The inspection visits took place on 8 and 14 November 2017 and were announced. We told the provider we were coming so they could arrange for us to visit people who lived at Alexandra House and so they could arrange to be there.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC 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 received care and support which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. People who required assistance to take their medicines were supported by staff who had received training to do this safely.

There was enough staff to allocate all the visits people required and to meet their needs safely. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. Staff received regular training that provided them with the skills and knowledge to support people's needs. Staff had regular checks on their practice to make sure they continued to support people safely.

People were visited by a team of regular staff that they knew and who they said were kind and considerate. Staff respected people's privacy and people said the support they received helped them to live independently in their own homes. Staff arrived around the time arranged and stayed long enough to do everything people needed without having to rush.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA). Staff respected people's decisions and gained people's consent before they provided personal care. When needed, arrangements were in place to support people to have enough to eat and drink and to manage

their healthcare needs.

People were provided with care and support which was individual to them. The registered manager and staff had a good understanding of people's individual needs and preferences. People's care and support needs were kept under review and staff responded when there were changes in people's needs.

People were encouraged to raise concerns and were confident these would be responded to. The registered manager used feedback from people to assist them in making improvements to the service.

Staff said they received good support from the management team and that senior staff were always available to give advice. The registered manager and staff told us there was good team work and that they all worked well together. Feedback from people was sought and used as an opportunity for improving the service people received. There was effective and responsive processes for assessing and monitoring the quality of the service provided.

## 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 understood their responsibility to keep people safe and to report any suspected abuse. People received support from staff who understood the risks identified with their care and knew how to support people safely. People felt safe with staff, and there were enough staff to provide the support people required. The provider checked the suitability of staff before they were able to work in people's homes. People who required support received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed to make sure they received the care and support they required to live life as they chose. Care staff completed an induction and training to make sure they had the knowledge and skills to deliver effective care to people. The registered manager and staff understood the principles of the Mental Capacity Act and respected decisions people made about their care. Where required, staff made sure people had enough to eat and drink and referred people to healthcare professionals if needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who they considered were kind and considerate. People said the support they received helped maintain their independence so they could remain at home. People received care and support from staff they knew well.

### Is the service responsive?

Good ●

The service was responsive.

People's received a service that was based on their choices and preferences and was responsive to their needs. Care plans provided staff with the information they needed to provide care

safely and effectively. People knew how to complain if they needed to.

### **Is the service well-led?**

The service was well led

People were satisfied with the care they received and were able to share their opinion about the service provided. Care staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the management team. The registered manager and provider had effective processes to regularly review the quality of service people received.

**Good** ●

# 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 checked 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 comprehensive inspection was carried out by one inspector over two days. We visited people who used the service on the 8 November 2017 and visited the office to speak with the registered manager and staff, and view paperwork on the 14 November 2017.

We reviewed information the provider sent us in the Provider Information Return (PIR) during the inspection visit. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was an accurate reflection of the service.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share with us.

Prior to our inspection visit we sent surveys to 25 people who used the service, 25 relatives and 18 staff. Surveys were returned from 8 people who used the service and 3 staff.

During our visits we spoke with nine people who used the service, one relative, the registered manager, the housing manager, the provider's area manager, the senior care worker, and three care staff. We reviewed three people's care records to see how their care and support was planned and delivered. We looked at four staff recruitment files, staff training records, records of complaints and records associated with the provider's quality checking systems.

# Is the service safe?

## Our findings

People said they felt safe living at Alexandra House and with the staff who visited them. Comments from people included, "For me it has been a godsend to move here, I feel really safe here." And "Yes I do feel safe here; there is always staff around if you need them."

Staff knew how to keep people safe and protect them from avoidable harm and abuse. All staff had completed safeguarding training to make sure they knew how to recognise signs of abuse. Staff told us they would report any suspicions or concerns to the registered manager or senior care worker. They also knew they could refer safeguarding concerns to the local authority and to us (CQC). A staff member told us, "I have no concerns about anyone living here, but if I did I would report it straight away. I know the managers would take action to make sure everyone here was safe." The registered manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, care plans and risk assessments provided details for staff on how they should move the person safely. Some people required equipment to help them move. People told us staff knew how to use this to move them safely. One person told us, "Depending on how I am feeling I use a hoist or a rotunda (equipment to help people stand). They (staff) know how to use both safely and I feel quite safe and comfortable when they do this." Where people were identified at risk of skin damage due to poor mobility, care plans instructed staff to check skin for redness, and report any concerns to the senior staff or the district nurse if there was one involved. People, and records, confirmed staff checked areas of skin at risk of pressure damage and applied protective creams when prescribed. These practices reduced the risk of further damage to people's skin.

The registered manager and all staff spoken with told us there was enough staff to provide the care and support people required. There was a regular team of staff that visited people and all the staff understood people's care needs and how to support them. The registered manager told us some staff had left Alexandra House when the provider had changed in February. They said the vacant posts had been advertised and were being covered by existing staff and by using two regular agency workers, until permanent staff had been recruited.

People confirmed there were enough skilled and experienced staff to provide the care and support they required and to respond if they called for assistance in an emergency. The registered manager told us they had reduced staffing recently as there were eight vacant flats which meant people's care needs had reduced. The registered manager told us they kept people's care needs and abilities under review and increased or decreased staffing in response to people's assessed needs.

The provider's recruitment process made sure risks to people's safety were minimised. Checks were carried out prior to employment, to ensure staff were suitable to work with people who needed care and support. Records confirmed, Disclosure and Barring Service (DBS) checks and references were in place before staff

started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

People who required support to take their medicines received these as prescribed. This included medicines prescribed as and when people required such as pain relief, and the application of prescribed creams. All the people we visited received support to take their medicines. People told us staff arrived to give them their medicines at the correct time. One person told us they were prescribed pain relief to take when they needed it. They told us "I just pull the cord (call alarm) and they come straight away to give them to me."

Staff had received training to administer medicines safely and had been assessed as competent to support people with their medicines. Where staff administered people's medicines they signed a medicine administration record (MAR) sheet and recorded in people's records that medicines had been given to confirm this. The registered manager told us, "Staff are observant in making sure medicines are given correctly and that MARs are signed." Staff checked MARs had been completed correctly during each visit and completed MARs were audited when they were returned to the office each month. This was to ensure they were completed accurately and any discrepancies identified in a timely way.

Staff understood their roles and responsibilities in relation to infection control and hygiene and had completed training in the prevention and control of infection. They were aware of how to minimise the possibility of cross infection by wearing disposable protective clothing and washing hands thoroughly. People told us staff wore disposable gloves and aprons when they provided personal care, applied creams and lotions, or prepared food. One person told us, "They (staff) always wear gloves to apply cream, they are very hygienic." Staff told us there was always a good supply of gloves and aprons available for them to use.

Accident and incident records were completed by staff when these occurred and monitored by the registered manager and the provider to identify patterns, and to manage emerging risks. For example where people had fallen, a falls risk assessment was completed. If needed, people were referred to the GP, who referred to the falls clinic or the occupational therapist for an assessment.



## Is the service effective?

### Our findings

We looked at three people's care records. Assessments of people's care and support needs had been carried out prior to them moving to Alexandra House. Assessments included people's physical, emotional and social needs. Care plans had been developed from people's assessments that informed staff what care and support people required and how they liked this carried out.

Some people required equipment to provide safe, effective care and promote people's independence. For example, people we visited sat on pressure relieving cushions where they had been assessed at risk of skin damage, and where people required assistance to move, they had hoists and walking aids to support their mobility and independence.

People said staff knew what care and support they needed to meet their needs and maintain their welfare. One person said, "The staff look after me very well, they know what I need help with and what I can do myself."

New staff completed an induction that was based on the Care Certificate and worked alongside more experienced staff to gain the practical skills they needed to support people. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.

A training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as mandatory for staff working in care, this included moving and handling people, safeguarding adults from abuse, and safe handling of medicines. Staff also completed training in other areas related to people's individual needs, for example dementia care and pressure area management. Staff said the training they received prepared them for their role and provided the skills they needed to meet people's health and welfare needs. For example how to use equipment to move people safely. Staff were also supported by the provider to undertake a vocational qualification in social care, to enhance their knowledge and skills.

Since the change of provider in February 2017, care staff (including staff who had worked at Alexandra House for the previous provider) had completed an induction programme and essential training to ensure their skills were up to date.

Staff told us their knowledge and learning was monitored through supervision meetings with their line manager and observations of their practice. The registered manager told us observations of practice was carried out to make sure staff worked to the provider's policies and procedures and they put their training into practice.

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.

The registered manager and care staff understood the principles of the Mental Capacity Act. They understood their responsibilities to protect people's rights and to gain people's consent to provide care and support. There was no one using the service at the time of our inspection that lacked capacity to make daily decisions about their care and support. Some people had relatives or advocates (an independent person who supports people to make decisions) who helped them manage their finances.

Some people we spoke with made their own meals; others were supported by staff to prepare meals and drinks. Where staff supported people to prepare meals they made sure people had sufficient amounts to eat and drink. People had the option of purchasing a lunch from Alexandra House every day, if they preferred not to cook a main meal. Everyone we spoke with said staff made sure they were left with a drink before they left. Arrangements were in place to assess and monitor people's dietary needs if this was required.

Some people told us they made their own health appointments, others said staff supported them with this when needed. Staff told us they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when needed. People had access to treatment in a timely way. For example, the senior member of staff took immediate action to inform the GP and arranged for them to visit when a person complained of pain. Records confirmed, where needed, people's healthcare was kept under review and health professionals were involved when people's health needs changed.

Care records included information that people could take with them if they were admitted to hospital. This provided hospital staff with important information about the person's health conditions, prescribed medication, mental capacity and mobility, so they could provide effective care and treatment.

## Is the service caring?

### Our findings

People spoke positively about the care and support they received and said staff treated them with kindness and respect. People referred to staff as, 'excellent, and fantastic'. One person told us, "I can't fault them at all, they are very good here." Another said, "Staff are always respectful and polite."

People lived in their own homes so we were unable to observe people's care directly, but people told us their privacy and dignity was maintained. One person told us, "They always make sure they ring the bell before they enter, they never just walk in. Another said, "They help me with a daily shower and to dress, as I need help with my fiddly bits. I never feel embarrassed or exposed."

People were satisfied with how staff provided their care. People told us they felt listened to and that what they said mattered to staff. For example one person said, "If I have any concerns at all I would talk to the staff or [senior care worker] she would listen and sort it out for me." We asked people if there was anything they would change about their care and support. Everyone we spoke with said there was nothing to improve. People's responses included, "There is nothing I would change as everything is really good."

People said staff arrived around the same time each day and stayed long enough to do everything they needed without having to rush. Staff said they had sufficient time allocated to people's care calls and had time during the call to speak with people and find out how they were.

We looked at staff rotas and 'job cards' (times for care to be provided), to see how people's care calls were scheduled. These confirmed there was a regular team of staff that provided consistent calls to people at prearranged times. Times were arranged to support people's health and welfare needs as well as their preferences. For example, if people needed to take medicines before meals.

People spoke fondly of staff who visited them. Some staff had worked at Alexandra House for several years; they knew people very well and had built up friendships with people. Staff knew about people's preferences, for example how they preferred their personal care, what people liked to eat and drink, and about things which were important to people, like their family.

People told us they were involved in their care and how they would like to receive this. This was evidenced through talking with people and staff, and within people's care plans. People said they could maintain as much independence as they wished. Some people at Alexandra House lived independently receiving a daily well-being check by staff to make sure they remained well. Others required full support and assistance to live their lives as they chose.

Staff showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly. For example, one person we visited complained of pain to the senior staff member. The staff member reassured the person and asked for their consent to inform their GP. They returned to the person to let them know the doctor would be visiting them.

Staff told us they worked well as a team and supported each other. There had been some recent deaths at the service, and some of these people had lived at Alexandra House for many years. Staff said this had been like losing family members. Staff we spoke with said that during this difficult time they had received good support from each other and from the registered manager and provider, who had offered additional supervision and an 'Employee Assist' service that provided counselling.

The managers made sure information was available to people and their families about, community organisations and advocacy services that can provide independent advice. Brochures and leaflets were on display in the reception area for people, which included information from Age Concern.

People were able to express their views and be involved in making decisions about their care and support. This was through regular reviews of their care and monthly tenants meetings. Most of the people we visited said they attended the monthly meeting which, they said, kept them informed about things happening within the scheme, including up and coming events.

Staff understood the importance of maintaining confidentiality, they said they were mindful of talking in corridors and made sure the office door was closed when discussing people's care. Care records in the office were kept safe and secure.

## Is the service responsive?

### Our findings

People we spoke with told us they received care and support based on what they needed and in the way they liked. We asked people if they received good care, they told us they did. One person said, "Oh yes, no complaints at all they (staff) are all marvellous," People told us their care and support was provided by a staff team who they knew well and who understood what they were required to do.

Alexandra House provides a service to people over the age of 60. At the time of this inspection, people's care and support was provided by a female staff team and there was no one receiving the service that had specific cultural needs. People lived in their own home and there were no restrictions on how people lived their lives.

People told us their personal preferences had been discussed with them during the assessment and reviews of their care. People told us prior to moving into Alexandra House, managers spent time discussing their care and support needs and how they wanted to be supported. People's care was then planned from the assessment and a care plan completed that informed staff what support people required. All the people we visited said they were involved in planning their care and that care plans were an accurate account of what they needed staff to do. All the people we visited had a care plan in their home for staff to follow. No one required their information in a specific format, as all were able to read and understand their care plan.

A copy of the person's care plan was kept in the office. We reviewed three people's care records. All contained an assessment of needs and a care plan that included how any identified risks were to be managed. Plans took into account people's health conditions such as multiple sclerosis, and disabilities, for example people's mobility. Plans were focused on the person, their choices, likes and preferences. They included how people liked their care provided and some life history so staff knew a little about the person and could use this to start conversations. Staff told us care plans were up to date and easy to follow. Plans we looked at had been reviewed and updated when people's needs had changed.

People had access to a call alarm system, so they could get urgent assistance from staff between scheduled call times if they needed. People confirmed staff responded to call bells. One person said, "I use it regularly as I need assistance to go to the toilet, they always come very quickly." During one visit the person required assistance from staff; we pressed the call alarm, and staff responded to this quickly.

People told us they had been provided with information about making complaints. They also said they could raise concerns in monthly meetings or at any time with the housing manager, registered manager or care staff depending on the nature of their concern. People said they were happy to raise any concerns and were confident they would be listened to. One person told us, "I have raised a few (complaints) over the years, but it's always been sorted out quickly." We looked at the complaints record, this showed two complaints had been received which had been recorded and responded to in a timely manner. The registered manager, and provider monitored complaints for trends or patterns, there had been no trends identified from concerns received.

## Is the service well-led?

### Our findings

People were complimentary about the service they received. Comments from people included, "I would definitely recommend living here, the best thing I have done is move here."

There was a registered manager in post who understood the responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and had submitted a provider information return, (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated.

The management team consisted of the registered manager and a senior care worker. There was also a housing manager to support people with issues about their accommodation and oversee the maintenance and upkeep of the communal areas. Both the registered manager and senior care worker said the management team worked well together and shared the responsibility for supporting staff by providing them with individual supervision, staff meetings and out of hours support. Staff spoke positively of the registered manager, with several staff referring to her as 'firm but fair'. Staff we spoke with told us there was an 'open door policy' where they could speak with the registered manager at any time. The registered manager said they received good support from the provider. This included regular visits by the area manager, who made themselves available to talk with us during our visit on the 8th November 2017.

Both the registered manager and senior care worker had the skills and knowledge to lead the service effectively. Since the change of provider in February 2017, they had reviewed the care and support for everyone that lived at Alexandra House and completed new care plans, which they both said had been a challenge. Staff had been given updated information about the new provider's policies and procedures and had received refresher training to make sure they worked in line with these. Staff said the management team were knowledgeable and always available to offer advice.

The management team kept the values and behaviour of staff under review through observations of staff practice, working alongside staff and from feedback from people who used the service. Staff said they enjoyed working at Alexandra House and felt valued by people who used the service and the managers. Comments included, "We do get positive feedback in supervisions and cards from people to say thank you for what we do." A survey from a staff member told us, "I have worked at Alexandra House since April 2016 and have thoroughly enjoyed my time here... We work as a great team and all staff get along and have good professional relationships. If I ever have concerns I feel I am able to go and talk to my manager, senior manager and also the housing manager and have always had my problems resolved. I would recommend this service to friends and family as I think it is a great place." The area manager told us they had attended a recent tenants meeting where people had spoken very positively about all the staff who supported them.

Staff understood their roles and responsibilities. They told us they were well supported to carry out their roles through regular training, one to one meetings with their line manager, and regular staff meetings where they could share their views about the service. One staff member told us, "We work really well as a team. We challenge each other in a positive way and feel able to share our views." There was a handover

meeting at the start of each shift to make sure any changes in people's care, and information about the service was passed over and recorded.

People's views and experiences were gathered through a number of ways, which included visits to people, a quality assurance survey and review meetings. There were monthly tenants meetings to update people with any changes about the service and for them to discuss any issues. People also received a Newsletter to inform them of any up and coming events.

The management team made regular checks of the quality of the service. For example, checks were made on people's daily records to make sure the care they received matched their care plans. Medicine administration records (MARs) were checked to ensure they had been completed accurately and medicines had been given as prescribed. The registered manager and the provider completed a range of other checks and audits to make sure they continued to learn and make improvements to the service. For example, incidents, accidents and complaints were monitored for any trends and patterns and for any learning from events. There had been no trends identified since the provider took over the service.

The provider had completed several quality audits since February 2017. These were based on our fundamental standards and which the registered manager used as an improvement plan. Copies of the audits were made available to us. These showed there had been continued improvement of the service since February, for example completion of care plans, with most areas showing the provider's standard had been met.

We found people's information was kept secure and confidential. The office files were well organised and people's and staff personal information was securely stored. All the documents we requested to see were made available to us.

The service worked in partnership with other health professionals and organisations such as district nurses, social workers and Age Concern. They had formed some links with the local community, the local church visited regularly, and a local school choir visited at specific times of the year.