Runwood Homes Limited

Alexandra House - Harlow

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

Summary of findings

Overall summary

The inspection took place on the 29 March 2016 and 01 April 2016. Alexandra House is a purpose built nursing home for up to 106 older people who may also have care needs associated with living with dementia.

A registered manager was in post at the service. 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.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider had followed the MCA code of practice in relation to DoLS.

People were safe because the management team and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's nutritional needs were assessed and monitored by staff. Their preferences and special dietary needs were known and were catered for. Staff encouraged and assisted people to eat and drink, where necessary. Advice from relevant health care professionals was sought to ensure that people's nutritional needs were met.

Families and friends were welcome to visit the home. People were encouraged to maintain relationships important to them.

Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture in the home and people, relatives and staff were comfortable to speak with the manager if they had a concern.

The provider and manager had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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

People told us they felt safe. Staff understood the need to ensure people were protected from risks of harm, abuse and unsafe care and treatment.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Medicines were administered stored, administered and disposed of safely.

Is the service effective?

Good

The service was effective.

People were provided with a balanced and healthy diet, which met individual needs, choice and preferences.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People had access to health and social care professionals; staff followed any instructions and guidance as necessary.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive.

People were provided with a variety of activities and were supported to maintain contact with families and friends.

Care plans and associated documents were in place to assist staff to provide care to people, which staff followed.

There was a complaints policy and procedure in place and people knew how to complain.

Is the service well-led?

Good

The service was well led.

The manager promoted an open culture.

Staff were clear about their roles and responsibilities.

There were systems in place to measure quality and drive improvement

Alexandra House - Harlow

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 29 March 2016 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist professional nurse advisor. The nursing advisor was used to check that people's health and care needs were met in a safe and effective way. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service. On the 01 April 2016 one inspector returned to the service to complete the inspection.

Before this 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. We looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with 15 people who lived at the service, 13 relatives, and 12 members of staff and the registered manager. We also spoke to a visiting GP and care home nurse practitioner.

Throughout the day, we observed administration of medicines as well as care practices and general interactions between people and staff. As some people were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

We looked at documentation, including 14 people's care plans and supporting documents, such as, their health records, risk assessments and daily notes. We also looked at staff recruitment files and records relating to the management of the service. This included audits such as medicine administration, risk assessments, staff rotas and training records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us they felt very safe. Another person said, "Yes, it's safe. I wouldn't stay if not." A third person told us they felt safe, "Because I walk round and see its safe." Relatives also felt people were safe, one person told us, "Yes, very safe. Because of good security – codes to get in and out of the building etc." Another relative told us, "Yes it's safe, [Named] has never been in an unsafe situation. They are very safety conscious."

Staff undertook training about safeguarding vulnerable adults. Staff we spoke with knew how to protect people from abuse and were able to describe the different types of abuse that may occur. They said they would report abuse straight away to the registered manager, senior staff or local authority. We saw there was a whistleblowing [telling someone] policy in place and safeguarding policies and procedures to help guide staff. A member of staff we spoke with said, "I would report any concerns and follow them up to keep people safe." We saw the local authority's safeguarding procedure and contact details clearly displayed on noticeboards. Records we looked at confirmed staff had received training in safeguarding.The registered manager had ensured any concerns or potential safeguarding allegations had been reported to the Care Quality Commission (CQC) and the local authority in a timely manner.

There was a range of risk assessments in place that were an integral part of the care plans. Where a risk was identified through the assessment process a care plan was put in place that described the risk and the measures needed to reduce the risk and the care plan was updated. When a change was identified in a person's care needs, the risk assessment and care plan was updated to reflect the change. However, we found that some risks identified did not always include the relevant assosciated care plan that provided additional guidance for staff; we discussed this with the registered manager who had already identified this and had a robust plan in place to address this.

Risk assessment included falls, skin integrity, choking, manual handling and nutrition and hydration. People had moving and handling risk assessments with clear details about the specific equipment required for the individual and the support necessary, including how many staff were required to support the person. We observed a moving and handling manovere which was undertaken with the correct equipment in the correct manner, the person was using a specialist mattress and staff demonstrated how they checked for the correct air pressure, this was undertaken three times a day and was documented. We also saw in records that people who had bedrails, had been assessed correctly and this had been communicated and discussed with relevant parties.

Staff understood what to do to keep people safe in untoward situations such as a fire. A Fire Plan was kept in the reception area and was regularly updated. This contained personal evacuation plans for people who used the service, the service used coloured dots on the people's doors to easily identify their dependency with regards to mobility for evacuation

Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included

taking up and verifying references, obtaining a full employment history and checking that the member of staff was not prohibited from working with people who required care and support.

People and some of their relatives expressed mixed views about staffing levels and, in particular, about whether there were enough staff available to meet everyone's needs in all areas of the home and at weekends, people told us that more agency staff were used at weekends. One person said, "Seems enough here." People told us that generally call bells were answered quickly though. A relative commented, "I think there are most times but sometimes [Named[says staff say that they will be back in 10 mins and she waits longer, so sometimes not enough staff." Another relative told us, "On the whole there are usually enough staff."

During our inspection staff on duty had a visible presence in all of the lounges and call bells were answered without delay. Any request by people for assistance and support was met in a timely manner. Staff told us there was enough staff on duty to meet the needs of the people in a timely and safe manner. The registered manager told us staff numbers were adjusted according to the needs of the people. The manager also showed us rotas where agency usage had significantly decreased following a recent recruitment drive.

Medicines were given to people in a safe and appropriate way. We observed a senior member of staff completing the medication round. The staff member was competent administering people's medicines and talked to people politely and respectfully, engaging them in conversation to put them at ease. Water was provided to support people to take their medicine in comfort and people were given enough time to take their medicines without being hurried. There were appropriate facilities to store medicines that required specific storage. Medicines were safely stored and administered from lockable trolleys. People's individual medicine administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines.
When people had medicines prescribed on an 'as required' basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine.

The management team carried out weekly quality monitoring audits on medicines procedures. Any errors or areas for improvement that were identified would be addressed through the supervision process and, where necessary, staff would receive additional training.

Good

Is the service effective?

Our findings

People told us they were happy at the home, well looked after and had their day to day health needs met. One person said, "Staff are alright. Boys and girls all do a good job." Another person told us, "They look after me well." A relative commented, "They are very good and happy for me to be involved." Another relative told us, "The senior staff take note of what we say and act appropriately."

On the middle floor there is a 'reablement unit 'which is a service that supports people to rebuild their confidence to cope at home following their discharge from hospital, this service is managed in partnership with another provider. One person told us, "I am better than I was before; they have done a brilliant job. Very motivating. The staff are lovely." Another person told us, "I get visits from the physio and social worker. When I leave I am going to miss the help, it gives me confidence." The reablement unit has access to a physiotherapist and an occupational therapist, the physiotherapist visits twice weekly to set goals and devise individual exercise programmes that are used by care staff to support people. One person had a goal to self-propel their wheelchair and this was observed on the day of inspection. Records also confirmed that staff were supporting this person with this activity.
An Independent living plan was completed which was, detailed, person centred and empowering.

People's needs assessments and care plans, showed their health needs, conditions and related care requirements. Staff understood people's health needs and they supported them to maintain and improve their health. For example, through the use of individually agreed care plans. People's care plans and their experience of their care was regularly reviewed with them.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. On relative told us. "They contact the GP quickly if it is needed." Records showed people were seen by professionals including GP's, community nurses, chiropodists and opticians. The service also has access to a community matron who visits regularly and provides training in subjects such as pressure care awareness and end of life.

Members of staff had a good awareness of people's needs and were able to demonstrate that they understood how to provide appropriate care and support to meet these needs. A member of staff said, "A lot of staff have been here for a long time and we know people's likes and dislikes." They were able to tell us about what affected people's moods and how to support them appropriately.

People said they were provided with the support they needed to eat and drink and usually enjoyed their meals. Two people said, "Food is like you get at home. Will do something else if you don't like what's on offer", and "It's ok, I get a choice. Plenty to drink."
Some people chose to eat their lunch in their own rooms and many people chose to eat in the main dining rooms where tables were set with the required cutlery, condiments and napkins. Lunchtime was a cheerful, sociable and relaxed atmosphere. Staff chatted with people and took time to ensure they were happy with their meal. People were offered choices, for example whether they wanted their soup served in a bowl or a mug. One person did not want either of the choices offered and care staff immediately offered to prepare

something different.

Relatives also made complimentary remarks about the food. One relative told us, "The food is good." There were dementia friendly menus on the table with both words describing what was on offer and also pictures of the food. There was a nice atmosphere over lunch with music playing. Staff were chatting with people and those who required assistance with eating were supported in a relaxed and unhurried way. Drinks were on the table and top-up drink and food was offered.

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. Staff understood the processes in place to assess people's capacity to make decisions. Staff had received training in MCA and DoLS and were able to demonstrate an understanding of people who had the capacity to make specific day-to-day decisions and the processes in place for people who did not have the capacity to make a certain decision to have a decision made in their best interests.

We looked at the induction undertaken by care staff and this covered the components required for new staff to know. Staff confirmed they undertook the company induction when they first started working at the service. One member of staff commented. "I shadowed experienced care staff and completed on-line training as part of my induction." This is when a new member of staff is paired with an experienced colleague for a number of shifts until they feel confident to work as a full member of the team. The home was also supporting people with the care certificate.

We saw there were records of regular care staff supervisions and appraisals, however qualified nurse clinical supervision was not to the same standard, we discussed this with the registered home manager who had also identified this, and he was able to show us that he had a plan in place which involved a nurse manager from another home in the group who had already provided dates to come in and carry out clinical supervisions and appraisals. The manager told us this would be for an interim period as he has advertised for a clinical lead who will be responsible for carrying out the supervision for qualified staff.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, fire safety, food safety, health and safety, and Mental Capacity Act 2005[MCA]/Deprivation of Liberty safeguards [DoLS]. Staff had also received training in other relevant areas including; dementia awareness and equality and diversity. One staff member told us about a recent dementia training she had attended, "I just attended the virtual dementia tour and I loved it."
The provider also organised regular clinical skills sessions to enable qualified staff to refresh and update their practice.

The Décor of the home included items of interest on the walls, pictures included film idols, for example Cary Grant/ Marylyn Monroe, this enabled care staff to reminiscent and promote conversation with people. There were also various 'rummage' baskets available for people to use,
The rummage boxes contained useful props to actively engage people living with dementia, they can be

used to stimulate the senses, promote tactile awareness, encourage participation and create opportunities to open discussion and encourage communication.

Good

Is the service caring?

Our findings

People we spoke with felt staff were caring. For example, one person said, "Staff are nice. If you need some shopping they will get it for you when they go out." Another person said, "Yes they are caring. They've done nothing to upset me." One person told us, "They look after me well." And "The people here are good communicators and kind and caring mostly. They give me all the help I need." Family members told us, "From what I have seen they seem very caring" and "I know the staff and they know me, I visit daily." One relative explained that he visits daily and the staff created a table for two so he was able to eat with his wife.

Interactions between the staff and people who used the service were positive and relaxed. Staff showed kindness and they were patient in their approach. Prior to offering care and support staff explained what they were about to do and they gave people time to respond. One person was observed to be upset and a member of staff listened to the person and comforted them by holding their hand, this seemed to comfort the person.

During our inspection we observed staff supporting people with daily tasks, such as eating, drinking and doing activities. We also observed people receiving physical support when moving around the home with and without equipment. People were supported to make individual choices and decisions where possible. For example, we saw staff supporting people to walk and encouraging people to manoeuvre with walking aids in a positive way which encouraged independence.

Staff were knowledgeable about people's needs and life histories. Staff told us they developed good positive relationships with people by reading their assessments, care plans and talking to the person. People and relatives spoke about staff in a positive way. One relative explained that he was taken ill in the service while visiting his wife and the manager supported him to go to the surgery. He told us, "They look after me too."

Alexandra House has a themed old fashioned tea room which enables people and their family and friends to socialise. During our inspection the tea room was full and relatives told us that they really enjoyed having this tea room available. One relative told us, "We meet up and have a chat, people use it for family birthday celebrations, and it is a really nice place to come."
People and their relatives told us the activity co-ordinator looked after the tea room so it was always ready for people to use and enjoy.

People and relatives told us that they could visit at any time. For example, one relative told us, "I breeze in and out, they never know when I am coming, but they always make me feel welcome." Another relative told us, "The standard of care is exemplary."

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. This helped to ensure the person's dignity was maintained. The service has a policy for dignity and respect, and there were two dignity champions in the home. Although the home had a key worker in place the manager has planned to promote this role more actively. Key workers will be encouraged to undertake life histories

with the person they are key working.

Good

Is the service responsive?

Our findings

People were involved in planning and reviewing of their care and support needs and where appropriate people had signed their care plan to confirm this. Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service could meet the person's needs. People received personalised care that was responsive to their individual needs. Staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with their assessment of need. People's care plans included information relating to their specific care needs and provided guidance on how they were to be supported by staff. The care plans were detailed and reflected people's needs. One relative told us, "I saw it when it was first completed and they ask my opinion when it is reviewed."

We saw in records that some people had a personal life history booklet, ' A story worth telling' included with their care file, this booklet captured memories and stories about the person's life that enabled staff to learn more about the person they were providing care for and use to aid communication with people living with dementia.

The dementia services manager was also present on the day of inspection and explained that she delivers face to face training in dementia and also provided a coaching and support role for staff.
The dementia service manager also carried out assessments and observations of practice in areas such as the mealtime and the environment, this assessment generated areas of good practice and areas for development for the home to work on.

We spoke to a visiting GP who told us a multidisciplinary meeting is held regularly that included the service, the surgery, district nurses and pharmacist, these meetings had improved communication with the home. A visiting health professional also told us that care staff were responsive and listened to advice.

The home had a full time activity co-ordinator and opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements. We saw on the day of our inspection a sing along session and an activity which involved people completing well known sayings. One person said, "There's enough to do here. I'll join in anything." And, "I stay in my room in the mornings doing crochet or knitting then after lunch I'll go to the lounge and join in." The activity co-ordinator told us she was supported by care staff in delivering activities and events, and she set up activities in the service for care staff to deliver. She told us, "The care staff are brilliant, I set up the activity and care staff deliver them, but I am around to support them, this way we can deliver more activities." The service also used volunteers and relatives to help facilitate big events or trips out.

The activity co-ordinator told us she was in the process of assessing each individual person in relation to providing activity and occupation specific to them. She told us she had produced individual activity sheets, and had completed these for half the home.

The home supported people to continue to practice their chosen faith or religion and representatives from

various different religions visited the service.

People and their relatives told us they felt comfortable to raise any concerns about the service and felt they would be listened to. The provider's complaints procedure was clearly displayed and gave guidance for people on how to complain and what actions would be taken. Records showed detailed responses and outcomes from complaints. There was also a suggestion box for people to use.

The provider had arrangements in place to respond appropriately to people's concerns and complaints and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. One relative told us, "I go straight to [manager], he is very good at sorting out any issues quickly." And, "They listen to us and generally try to solve the problem."
Residents meetings were held monthly and we saw the minutes of the last three meetings; an action plan was produced following these meetings.

Good

Is the service well-led?

Our findings

People and relatives told us that the home was managed well and were complimentary about the management team. One person told us "The manager does a good job." And, "Very approachable manager. His door is always open."

The management team consisted of a registered manager, two deputy managers and team leaders. Staff felt they could approach the manager at any time and the management team was supportive. One staff member told us, "I can speak to [Named] at any time, he is very supportive."

The manager confirmed that they had listened to people who used the service and held formal regular meetings. Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and to speak openly Staff meetings were held on a monthly basis and staff given the opportunity to discuss people and matters of concern. It was also seen as an opportunity to discuss good practice such as the dining experience and activities.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Some of the staff we spoke to had worked at the home for a number of years. We found that there was usually clear communication between the staff team and the managers of the service. The service held a daily handover sessions when shifts started. Senior managers and nurses held regular meetings. The manager had recognised that qualified staff needed more effective clinical supervision and told us the service was currently advertising for a clinical lead. The Manager had plans in place to support qualified staff in the interim period.

Staff told us that teamwork was good and they worked together. A care staff member told us, "since I have been here everyone has been supportive." Another staff member said "the manager and head office are very supportive, I can talk to anyone." A member of staff told us, "We have good teamwork and [Manager] is very helpful."

Meetings were also held with people who used the service and their representative. They were given an opportunity to say what they liked about the service but also what, if any, improvements could be made.

When we spoke with the manager during the inspection we found they had identified some areas for improvement and had robust plans in place to address these.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits.

Floor audits are completed daily by the Care Team Manager, Deputy Manager or Manager. The Manager had a visible presence on the floor and monitors staff performance by observation. The service is additionally

supported by regular compliance visits from the Regional Care Director who carries out a monthly audit. The provider also carries out an annual quality audit and the action plan is monitored by the regional care director.

The Care team managers also completed supportive environment enabling audits and boredom audits; this was to assess interaction between care staff and people who use the service and levels of activity for individuals. Care team Managers then followed this through during supervision with care staff.

We saw that policies and procedures were kept under review and updated when necessary by the manager and staff were aware of the policies and procedures they had to follow.