

# Embrace Wellcare (I) Limited

## Prince Alfred

### 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

This inspection took place on 10 November 2016 and was an unannounced inspection.

Prince Alfred is a care home registered to provide personal care and accommodation for up to 50 adults. The service is located in the Wavertree area of Liverpool and it is close to local shops and public transport routes. Accommodation is provided over three floors and upper floors can be accessed via a stair case or passenger lift. The home is fully accessible to people who are physically disabled.

At the time of the inspection visit 47 people lived at the home.

At the last inspection in July 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 told us they felt safe and contented at Prince Alfred care home. Risk assessments were in place to protect people and reduce needless risks to them. The registered manager had procedures to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults. They knew to take prompt action to ensure people's safety if they became aware of or suspected a safeguarding concern. We observed staff provided safe, patient and prompt care during the inspection. A relative told us, "All the staff are friendly and helpful both to visitors and residents, nothing is too much trouble."

Recruitment and selection was carried out safely. Appropriate checks were made on prospective staff before they were allowed to work in the home. This reduced the risk of employing unsuitable people. Staff had received training in care which gave them the skills and knowledge to provide support to people. There was a low turnover of staff so staff were familiar with people's care needs and preferences. Another relative said, "The Staff are friendly, caring and, in my experience are always doing their best to ensure that the people in their care are given the best possible help."

We looked at how the home was staffed. Most of the people and relatives we had contact with said there were enough staff available and they responded promptly to requests for support. However three people who lived at Prince Alfred or their relatives said they sometimes had to wait for assistance.

People we spoke with told us staff were caring and supportive. They said staff monitored their health needs, sought assistance and made appointments with other professionals promptly. A relative said, "We are always informed almost immediately of any changes to care, minor health issues or about a visit from the

GP."

Staff managed medicines competently. People told us staff gave them their medicines correctly and when they needed them. We saw medicines were given as prescribed and stored and disposed of correctly.

People we spoke with said staff were caring and respectful and supported them to remain as independent as they could be. People felt staff spent time with them, listened to them and assisted them as they needed. One person said, "The staff are wonderful." A relative told us, "I would most definitely recommend this home to my family and friends. I am assured that they would receive the best care and attention from a staff team that really do care and work hard to provide individuals what they want and need."

The environment was maintained, clean and hygienic. People told us the home was always clean and tidy.

People told us they were offered different meal choices and they were all good." Breakfast was served throughout the morning and although other meals were usually at set times people could delay having their meal if they wished. A relative said, "The food is fantastic. The staff often order extra food products that my [family member] specifically likes."

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

Staff recognised the importance of social contact, companionship and activities and the effect on people's well-being. There was a varied programme of activities available throughout the day. Also staff engaged in frequent conversations with people and encouraged them to get involved in activities.

Care plans were personalised, involved people and where appropriate their relatives and were regularly reviewed.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff were easy to talk to and encouraged them to express any ideas or concerns.

There were procedures to monitor the quality of the service. The registered manager sought people's views and those of relatives and staff in a variety of ways and dealt with any issues of quality quickly and appropriately.

## 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 were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Medicines were stored, administered and disposed of safely and securely.

Recruitment procedures were safe and staffing levels sufficient to support people safely.

### Is the service effective?

Good ●

The service was effective.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were offered a choice of meals and drinks. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind, patient and attentive. They told us they were very comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity and met their needs and preferences promptly and cheerfully.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes. They provided personalised care and support and met people's individual needs.

### Is the service responsive?

Good 

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There were activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and action taken promptly.

### Is the service well-led?

Good 

The service was well led.

People who lived in the home and their relatives told us staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

Senior staff were involved in supporting people daily. They carried out formal audits as well as informal checks to monitor the health, safety and welfare of people who lived at the home. Any issues found were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

# Prince Alfred

## **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 10 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered manager, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We had contact with a range of people about the service. They included 14 people who lived at the home, 21 relatives, the registered manager and seven members of staff on duty. We received comments from 12 professionals who supported people who lived at Prince Alfred care home. We also observed care throughout the home.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care and medicine records of four people. We also looked at the previous four weeks of staff rotas, recruitment, staff training records and records relating to the management of the home. This helped

us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

People told us they felt safe at Prince Alfred care home and were pleased with the care they received from staff. They said staff checked they were safe and comfortable frequently. One person told us, "I feel safe here, I wouldn't want to go back home and the staff are always there for reassurance." Relatives said they were confident their family members were well cared for. A relative said, "The staff make [family member] feel safe and cared for. I also feel better knowing that [name] is cared for and is happy, safe and at no risk of falling." Another relative commented, [Family member] feels well looked after by the staff and has not raised anything to the family that would cause us concern."

Risk assessments were in place and updated regularly. These enabled people to remain as independent as possible while avoiding preventable risks. The assessments provided instructions and guidance for staff and were clear and informative. We checked accidents and incidents information. Staff had recorded information about accidents and actions taken. The registered manager checked for any patterns of risk in the accidents or incidents to reduce the risk of incidents from reoccurring.

We saw procedures to protect people from abuse and unsafe care were instructive. Staff had received safeguarding vulnerable adults training. We asked staff if they understood the procedures and the action to take if they became aware of or suspected a safeguarding issue. From their answers we could see they had the necessary knowledge to reduce the risk of abuse and discrimination to people.

We looked how recruitment and selection was carried out. We looked at four staff files. The application forms were completed with any gaps and discrepancies in employment histories followed up. This gave senior staff information about the employment backgrounds and likely skills of each prospective member of staff. Each member of staff had a disclosure and barring service (DBS) check before they started working with the organisation. This allowed the employer to check if potential employees had criminal records or were barred from working with vulnerable people. References were also received before new staff were allowed to start work. These measures helped to assess the suitability of potential staff to work in the home. We spoke with staff; who confirmed they were unable to commence work before appropriate checks had been made.

We looked at how the home was staffed. We did this to make sure there were enough staff to support people throughout the day and night. We talked with people who lived at Prince Alfred care home, relatives and staff, checked staff rotas and observed throughout the inspection whether there were enough staff to provide safe care. Out of 35 people who lived at Prince Alfred and their relatives, 32 were satisfied with staffing levels. People said they only occasionally had to wait for long if they called for assistance. However three people said there were not always enough staff in the lounges to assist people promptly. This did not reflect our experience on the inspection. We saw there were sufficient staff to provide people with personal care and social and leisure activities without delays.

The rotas we checked showed sufficient staff on each shift. We also looked at how annual leave or sickness were managed to maintain people's continuity of care. Staff told us it was always covered between the staff



team who worked in Prince Alfred care home without the use of agency staff. We saw from staff rotas that this was the case. This meant they did not have to use staff unfamiliar with people's needs. A relative commented, "There is not a rapid turnover of staff, or the employment of agency workers which means the staff get to know the residents and the other way round, this does not happen in some care homes."

People told us staff gave them their medicines as prescribed and at the correct time. We saw medicines were ordered appropriately, checked on receipt into the home, administered as prescribed and stored and disposed of correctly. We observed staff administering medicines. They did so safely; they did not leave medicines unattended, they observed each person take their medicines and signed the medicines record to show they had given each person their medicines immediately after doing so. Staff said people could manage their own medicines if they were able. However no-one was doing so when we inspected.

Staff had received medicines training to assist them to manage medicines safely. There were also audits in place to monitor medicine procedures and to check people had received their medicines as prescribed. Records showed any errors or omissions were acted upon promptly. The registered manager observed staff to check they gave medicines safely

We observed the home was clean, tidy and well-ordered. The décor and environment were homely and comfortable with good infection control in place. One person said, "It is always immaculately clean here and beautifully tidy. A relative told us, "Everything from kitchens, communal areas and bedrooms is impeccable. The cleanliness of the home and, [my family member's] room is spotlessly clean and fresh.

We saw maintenance and repairs were carried out promptly. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment had been serviced and maintained as required. We checked hot, running water was available throughout the home. This delivered water at a safe temperature in line with health and safety guidelines. Legionella checks had been carried out to ensure the water was safe.

There was a fire safety policy and procedure, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. There were regular checks of fire safety equipment. Staff had received fire training so they understood what to do to keep people and themselves safe. People had personal evacuation plans so in case of fire everyone knew the help each person would need.

There was a rolling programme of refurbishment throughout the home with redecoration of communal areas planned for soon after the inspection. We saw there were contingency plans in place to reduce the impact of any situation that affected the running of the home.

## Is the service effective?

### Our findings

We asked people about the quality and variety of meals provided. They said the food was usually home-made and excellent. One person told us, "I love the food here. It is all home cooked and the baking is wonderful." A relative commented, "[Family member] is given a healthy and balanced diet which is made freshly and is given various options at meal times." Other comments included, "The daily food menu seems to cater for even the trickiest customers." And, "Chefs seem to cook most meals from scratch and home-made cakes seem to be the order of the day for afternoon snacks. This reassures us that the catering is justifiably a highlight of [family member's] day."

The kitchen was clean, tidy, organised and stocked with a variety of provisions. Food and appliance checks to assist the effective management of food safety were seen. Staff who prepared food had completed food hygiene training to assist them to maintain food safety standards. We spoke with the kitchen staff. They were familiar with people's food preferences and had systems in place to remind all staff of the special diets and allergies of individuals. This assisted staff to meet people's needs and preferences. People had a nutritional risk assessment in their care records which identified those who were at risk of obesity or malnutrition. People's weights were monitored frequently to help them maintain a healthy weight. Staff knew how they needed to fortify foods to provide additional calories for people who were underweight.

We discretely observed mealtimes during the inspection. Breakfast was served throughout the morning at the convenience of people who lived at Prince Alfred care home. It was prepared individually for people and varied from cereal and toast to a 'full English' breakfast, dependent on individual choices. Lunch and evening meals were usually at set times. However people could delay having these if they wished.

We saw the lunchtime and evening meals were well presented and there were several choices at each meal. Mealtimes were a social occasion and were relaxed and unhurried. Music was played at a low volume and staff were attentive and supportive and assisted people as they needed. One person was reluctant to go into lunch with a member of staff. The member of staff quietly moved away and swapped with another member of staff. The person then went happily to lunch. Both staff managed this quietly and sensitively. We saw staff made sure people's dietary and fluid intake was sufficient for good nutrition so people had a balanced and varied diet. We saw drinks and snacks were offered to people at regular intervals, throughout the day.

People who lived at Prince Alfred care home and their relatives told us their specialist dietary, mobility and equipment needs had been agreed with them and recorded in care plans. A relative told us, "[Family member] has been given a special bed and also a hoist to help with movement." A professional told us they saw people were managed safely with transfers and mobility and staff had good manual handling skills. People told us their healthcare needs were monitored closely and any health issues met promptly by staff. People told us staff arranged for them to see health professionals where needed. Care records showed visits from or to GP's, district nurses, chiropodists, opticians, clinics and hospital appointments had been made. One relative told us, "When [family member] first went into the home she was very sick and fragile. The difference in her now is amazing, she is a lot stronger and so happy with her surroundings. Other comments included, " The staff routinely contact other professionals when needed and are constantly exploring any

further support, that would benefit [family member] such as financial assessments, district nurse support or hospital appointments." And "I am contacted whenever it has been necessary for [my family member] to be seen by the community matron or GP.

We spoke with health and social care professionals who were very positive about the care being provided at Prince Alfred care home. They told us staff were always willing to assist and engaged in any therapy that was undertaken. One professional said, "The staff are always very helpful when I arrive, making sure I have any information I need regarding a patient is readily available."

Another professional told us, "I have always found the staff to be caring to the patients and very professional in their work. They are sensible when requesting medical opinions and the atmosphere in the home is one of the best I have experienced."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and if any conditions on authorisations to deprive a person of their liberty were met.

There were policies in relation to the MCA and DoLS and staff we spoke with understood these and how they affected people's care. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. Staff told us they determined people's capacity to make particular decisions. We talked with people and looked at care records to check people had consented to care and mental capacity assessments had been completed. We saw they had. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able and wanted to do. A relative said, "Senior staff always make sure my family member's best interests are being met."

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff had received training and demonstrated a good awareness of the MCA code of practice. They knew what they needed to do to make sure decisions were in people's best interests. Relevant information was in place and where needed best interests meetings and DoLS were in place. Staff had been trained to understand when a DoLS application should be made and the registered manager completed applications where needed. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

Staff told us they had induction (initial) training to develop basic skills and knowledge of the home when they started working at Prince Alfred care home. They said they received frequent training to help their development and competency. Training records seen confirmed this. Most care staff had completed or were working towards national qualifications in care. They had also completed other training including, safeguarding vulnerable adults, health and safety, fire safety, infection control, food safety, palliative care, moving and handling, Mental Capacity Act and Deprivation of Liberty.

Staff told us they received formal one to one supervision. We saw from records and talking with staff that this had been provided regularly. Formal supervision is where individual staff and those concerned with their performance, typically line managers, discussed their performance and development and the support

they needed in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt supported by the registered manager and they had an 'open door' so were able to speak with them informally as well as during formal supervision.

## Is the service caring?

### Our findings

We received many comments from people, their relatives and professionals who were involved with the service. They were all positive about the care they received. Comments included: "It is clear to me that Prince Alfred is a very special care home, managed by a special team of people – a place filled with laughter, compassion and kindness. Quite simply – a special place, a special manager and a special team who deserve recognition for all that they do. In my opinion there can be no better care team in the land. And I will forever be grateful knowing that my [family member] can be in no better hands." And "From the moment I was greeted by a member of the care team and was taken around the home. It was clear to me that the Prince Alfred care home was in a league of its own. I have witnessed the care, compassion and kindness in which the residents are treated, quite simply my expectations have been exceeded at all levels." And "If someone offered me £5,000 to go somewhere else, they could keep it."

People told us staff were caring and considerate. One person told us, "What can I say? The staff are marvellous, always cheerful and helpful, ready to have a chat and a joke. I am so lucky." Another person said, "I am so pleased I moved here. I can say all the staff are excellent." We saw staff interacted and engaged with people and listened carefully when the person talked with them.

A relative commented, "I have to say that the staff have been exemplary in their support, care and professionalism. I must speak highly of the patience of all the staff in their on-going daily care for all [my family member's] needs." Another relative said, "[The registered manager] and staff are helping to give those residing at Prince Alfred a level of comfort and happiness which many other similar care establishments would find difficult to achieve." We saw staff offered blankets to people sat in the lounge several times during the inspection. They explained that although it felt warm to us, for people sat for a long time it could feel chilly. We also saw staff encourage one person to move from the conservatory as it had begun to hail and was noisy. The person wanted to stay in the conservatory so they made sure the person was warm.

The atmosphere in the home was relaxed and friendly. People told us it was a lovely home and staff were friendly, patient and cheerful. A relative commented, "The Prince Alfred is a care home that doesn't feel like one. It feels like visiting a large family that you are not related too. You can chat and share a story or joke to all residents and staff, something that all my family have grown to love and appreciate more and more as time passes."

People looked cared for, dressed appropriately and well groomed. A relative commented, "The home is spotless and all the residents are respectfully looked after in regard to their personal hygiene and attire, each day [our family member] is showered or bathed and dressed in clean clothes and always looks clean and respectable." Staff attended to people's needs promptly. We saw staff assisted people carefully and explained how they would help them before they began helping. We observed good moving and handling, where staff involved and informed the person. People told us staff gave them excellent levels of care. A relative told us, "We have seen how [family member's] personal care has vastly improved since coming to Prince Alfred and this has been due to the high standards of care and attention provided daily."

Staff were familiar with people's care records which assisted them to people's preferences, preferred form of

address, life history, likes, dislikes, care and support and needs and wishes. A professional told us, "I have always been given the time and access to residents and feel all of the staff know the residents history and needs and preferences."

Staff had a good understanding of protecting and respecting people's human rights. We reviewed training records and noted they had received guidance in equality and diversity. They understood that people could not be deprived of their liberty except under specific legal authorisation and could not be discriminated against for their gender, sexuality, age, nationality or religion. When we discussed this with staff, they described the importance of making sure they enabled people to hold on to their diversity and individuality. A professional told us, "I have found the staff to be friendly, professional, courteous and very caring. I feel their approach to their residents is second to none and it is obvious to me each person is held in high regard."

The registered manager had made sure people's requirements in relation to their human rights were upheld. This included ensuring staff respected people's family, personal and sexual relationships. We saw their personal information was confidential but accessible to them and the right, to make choices about their daily life and the way they wanted their care delivered.

Information was available to people about how to get support from independent advocates. This was particularly important so people had a 'voice' where there was no family involved.

People's dignity was maintained through the polite and supportive attitude of staff. There was a team of dignity champions who acted as good role models to challenge poor care, and educate and inform all those working around them. A relative told us "The staff have been wonderful with [my family member] and made them] feel comfortable and always treated them with dignity and respect." Another relative commented, "When I visit [family member] is dressed well and treated gently and with respect by the team members."

We saw staff respected each person's diverse cultural, gender and spiritual needs. People were supported to access religious services and ministers visits to the home. They supported people with personal care discretely and sensitively. We saw they knocked before entering bedrooms and bathrooms. They shut bedroom and bathroom doors and made sure people's privacy and dignity was maintained. One person told us, "The staff are always so caring and respectful and make sure it is private when helping me." A relative said, "I have seen people being supported by staff in communal areas and I have always observed the highest of standards from the whole team including the chef, laundry staff, finance assistant, and activities staff." Another relative said, "I have nothing but praise for the carers and staff who work there. They have my admiration for the patient and caring way they administer to the needs of those in their charge .They always make time for a smile and a friendly word with those they care for.

We saw that staff were caring and compassionate when relaying or supporting people with 'bad' news. A relative told us they had to relay bad news to their family member about another relative. A member of staff stayed with the resident as the relative called to break the news. They told us the staff were excellent and spent a long time with the person afterwards until the relative was able to get to the home. They told us, "I cannot but praise all of the staff in how they dealt with [this] and I will always be grateful to them."

People's end of life wishes were recorded so staff were aware of these. There was information in the office and in people's rooms to identify end of life preferences and support requirements. This made it clear to staff and any other professionals the agreed action to be taken when people were headed towards the end of life. We saw people were supported to remain in the home where possible. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

## Is the service responsive?

### Our findings

People told us staff supported them to enjoy a good quality of life. People said they were able to choose when to get up and go to bed, what to do and whether to get involved in activities in the home and the local area. People told us they were not rushed by staff. They felt staff were proactive in how they supported them and encouraged them to remain as independent as they were able. We saw people rise and have breakfast at different times on the inspection. They told us they could choose when and have their breakfast.

People told us staff assisted them in the way they wanted at a time they wanted. All but two people told us they did not have to wait long for staff when they called them. One person was referring to a 'one off' situation where another resident had needed urgent medical attention which delayed their bedtime, the other person was not specific about when this occurred. One person said, "If I call staff with my buzzer they come so quickly, no hanging about." A relative told us, "The staff are so attentive. [Family member's] health has improved tremendously. The anxiety has gone from their face." A professional who attended the home told us, "The residents always appear content and well cared for. All the staff I've observed interact well with the residents and there appears to be a good amount of activities in the home."

Staff recognised the importance of social contact, companionship and activities. Staff encouraged people to get involved in activities such as painting, poetry readings and reading group, knitting club, movie nights, board games, bingo, Pet therapy, a dementia friendly exercise programme, reminiscence, a friendship group, men's group and afternoon teas. Staff also had frequent one to one chats with people. The activities organiser went around the lounge to remind people of the activities planned and trips out in the minibus. One person told us about a recent trip on a barge which they enjoyed. People told us they enjoyed trips out with staff in good weather and entertainers who visited regularly.

We saw people involved in painting activities, a reading group and afternoon tea. They told us they enjoyed the variety of activities the activities coordinator organised and there were different activities each morning, afternoon and sometimes in an evening as well. A relative commented, "I was delighted to hear [family member] had been swimming and taken out to see Blackpool lights." Another relative stated, "The staff often do things for [family member] in their own time especially if they ask staff for certain shopping or trips out. They willingly and often offer to go out on a 'one to one'. Another relative told us, "There always seems to be something going on to stimulate and entertain the residents - little touches that build up into a bigger picture."

The registered manager told us they encouraged people to visit the home and meet people if they were able to. One person said she felt comfortable as soon as she met the staff. A relative said, "When we were looking for a home we visited unannounced. At Prince Alfred we were immediately offered a look around. It was outstanding in every way." The registered manager told us care plans and risk assessments were completed with each person and if appropriate, their relative. We saw people had their needs assessed before admission which the management team then developed into a care plan and risk assessments.

We looked at four people's care records following our discussions and observations. These were informative

and personalised. They were regularly reviewed and amended as people's needs changed. Risk assessments were in place. These included mobility, risk of falls, nutrition and pressure area management and assisted staff to reduce risks to people. A professional who visited the home said, "Documentation appears orderly and up to date and staff are very approachable if I need any extra information." We saw from the care records and talking with people, they and their relatives were involved in care planning where they wanted. A relative said, "When they first went to the home [family member] was having falls and getting out of bed in the night. We had a meeting with [registered manager], who came up with the solution, a low profile bed and arranging with her staff to put [family member] to bed later, it has worked a treat." Another relative told us, "The staff regularly update [my family member's] care plan with them we are always included so we can give support."

People told us their relatives were made welcome and there were no restrictions to visiting. A relative said, "I have often visited unannounced at different times in the day and evening and I am always impressed with the security of the home, the atmosphere and relaxed and friendly environment and of course the care and support provided."

We looked at the complaints policy which told people how their concerns would be dealt with. We saw people had been given information about how to make a complaint. People said they knew how to and who to complaint to if they were unhappy or had concerns. They said staff listened to them and responded quickly. One person said, "I have no complaints here- well you couldn't have could you?". Another person told us, "We can talk about anything we are not happy about to the staff or at meetings."

The registered manager said there had not been any formal complaints over the previous twelve months. She said she routinely spoke with people and their relatives so that any minor irritations were dealt with promptly and appropriate action taken to their satisfaction. There had been written compliments from people who lived at the home and their relatives in the same period. Relatives were praising of the service and said they had no complaints. They said they were comfortable expressing suggestions or queries. A relative told us, "It is the compassion, kindness, thoughtfulness, sensitivity towards residents (and families) that takes Prince Alfred to a level on its own, which is evident from the moment you walk through the door. I have no complaints or concerns." Another relative said, I have no complaints and I know [registered manager] would listen and deal with it if I had."



## Is the service well-led?

### Our findings

People who lived at Prince Alfred care home and their relatives told us the home was well led and the registered manager was proactive in seeking their views. They said the registered manager routinely 'chatted' with them to see how they were and if there were improvements they would like. They told us the registered manager had an 'open door' policy and was always willing to listen to their views and all staff were approachable and obliging. We saw people approached the registered manager in a relaxed manner. One person told us, "[The registered manager is just the best, a real treasure." Relatives comments included, "The Manager is outstanding and the staff are always friendly and upbeat in what must be a difficult job at times." And, "Any service is only as good as the staff who run it. They are, all of them, caring, friendly, patient and approachable."

The registered manager carried out surveys about people's experience of the home and their family's views. We saw recent surveys which were very positive about the care and support provided.' We were also contacted by 21 relatives and 12 professionals on and after the inspection to tell us about the excellence of the registered manager and staff team and the high standard of care. Their comments included "I cannot speak highly enough of the management and team at Prince Alfred. Absolutely – the cleanliness levels, consistency of service, meals, and overall standard of care are beyond any other care home I have visited, a fine example of "best practice" if ever there was one." And, "If we had to score a questionnaire, [for CQC] we would score 10 out of 10 for everything."

Staff said the registered manager was 'hands on' as a minimum, every morning and at mealtimes. This gave people the opportunity to talk with her informally on a daily basis. Everyone we spoke with told us the registered manager was caring towards people who lived at the home. They told us she went out of her way to support people who lived at Prince Alfred, their relatives and staff. Staff told us she was always approachable and understanding. A relative commented, "[The registered manager] and all her staff deserve recognition for the kindness, warmth, thoughtfulness and compassion which they show to all residents and their families. Their genuine care and warmth is evident every minute of the day, making the home the fantastic place it is."

The home had a clear management structure in place. The registered manager and staff team demonstrated they understood their roles and responsibilities. One person told us, "This home is so well run. [The registered manager] keeps on top of everything and makes sure we are all looked after." A relative said, "I would like to acknowledge the leadership and standards set by the management. I cannot speak highly enough of the professional way in which the care home is managed for the care and safety of the residents. Another relative commented, "The manager and staff make an outstanding effort to make the residents lives special."

We saw senior staff supervised, supported and encouraged staff to develop their skills and knowledge and provide good care. There were handovers at the change of each shift to discuss any changes to people's support needs so staff were clear about the care they gave. Frequent staff meetings were held to inform involve and consult staff. They told us they were encouraged to suggest ideas or opinions. They felt the

registered manager was approachable and listened to them if they had ideas or concerns.

There were procedures to monitor the quality of the service. Audits were regularly carried out by the registered manager and senior managers in the organisation. A senior manager was carrying out their audit of the home when we arrived on the inspection. The audits covered the environment and equipment, care plan records, medication procedures, accidents, incidents and complaints and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. Senior staff routinely monitored the cleanliness of the home, fridge and freezer and food temperatures, fire safety equipment, water quality and temperatures were recorded and observed if staff care practice.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There was a business continuity plan that identified how the management team would respond to different types of emergencies. We saw any accidents and incidents were thoroughly investigated and action taken where needed to prevent any recurrence. This reduced risks to people.