

Care South

Alexandra House

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

About the service

Alexandra House is a care home for up to 58 older people. It had opened a year before and was providing personal care to 38 people aged 65 and over at the time of the inspection. Nursing care was not provided.

The premises had been purpose built to replace the provider's previous care home on the same site. People were accommodated on two floors, the upper floor having recently opened. The ground floor specialised in providing care to people living with dementia.

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

People were safe and protected from avoidable harm. Staff understood their responsibilities for safeguarding adults, food hygiene and infection control. Medicines were managed safely. The premises and equipment were clean and well maintained. There were enough staff on duty to ensure people's needs were met. Recruitment checks were thorough.

Care from staff who were themselves well supported promoted a good quality of life. Needs were assessed thoroughly. Appetising food met people's preferences and dietary requirements. People had access to health care. Communal areas and bedrooms were spacious and well-lit.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and visitors praised the caring approach of the staff and confirmed that staff supported them to do what they could for themselves. Staff treated people with dignity and respect. They were attentive, offering reassurance and assistance tactfully when people were upset or in need of assistance.

People and relatives praised their or their loved one's care. They enjoyed optional arranged activities and were supported to access community facilities. An individualised approach to end of life care ensured this reflected what was important to people. People and relatives felt comfortable to raise concerns, which were addressed promptly.

The service was consistently managed. Leaders and the culture they created promoted high-quality, person-centred care. People and visitors praised the happy atmosphere. Staff were enthusiastic. There were robust systems for quality monitoring and improvement. The registered manager was open and honest with people, families and staff when things went wrong.

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

Rating at last inspection

This service was registered with us on 30 April 2018 and this is the first inspection.

Why we inspected

This was a planned inspection, as the service had been registered for a year.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Alexandra House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

This service was also registered to provide care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building, in this case on the same site as the care home. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. The service was not providing personal care to people in the extra care housing at the time of the inspection.

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

Notice of inspection:

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people, seven relatives and visitors, and two visiting professionals about their experience of the care provided. In addition, we spoke with three care and activities staff, a member of the catering staff, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident records, complaints and training records were reviewed.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and visitors indicated that they or their loved one felt safe at the service.
- The registered manager and staff were clear about their responsibilities for safeguarding people from abuse and knew how to report concerns.
- There was information around the building for people, visitors and staff, encouraging them to report suspected abuse and explaining how to do so.
- The registered manager had referred any matters that might be construed as abuse to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and managed in consultation with them. Risk assessment and management plans were reviewed regularly and were kept up to date.
- Individual risk assessments covered matters such as moving and handling, falls and fractures, developing pressure ulcers, malnutrition and the use of bed rails.
- Equipment was regularly checked and serviced at appropriate intervals.
- Up to date certification was in place for gas and electrical safety, servicing of fire equipment, and thorough examination of lifting equipment.
- Staff confirmed there was enough equipment for them to care for people safely, such as hoists and slings for lifting, and slide sheets for repositioning people in bed, where people needed this.

Staffing and recruitment

- There were enough staff on duty to ensure people were safe and had their needs met. Call bells were answered promptly.
- Staffing levels were based on people's dependency.
- Staff had key safety-related training, which was renewed at regular intervals. This included first aid, food handling and moving and handling training. Some staff had advanced moving and handling training.
- Staff were able to spend time with people, chatting with them and sharing activities such as jigsaws.
- Recruitment checks included taking up references and obtaining the appropriate level of criminal records clearance before new staff started work. These helped ensure the service only employed staff who were suitable to work in a care setting.

Using medicines safely

- Medicines were stored and managed safely.
- Staff who administered medicines were trained to do so. Their competency was checked annually.
- There were frequent checks to ensure medicines in stock could all be accounted for and were recorded

properly.

- There was clear guidance for staff in relation to people's 'as needed' medicines. This explained what these were for and the circumstances in which they were needed.
- There were appropriate precautions in place where people took medicines that stopped their blood clotting. This was flagged on staff handover notes, and in the event that someone taking these medicines fell medical advice was sought promptly.

Preventing and controlling infection

- The premises were kept clean and tidy, smelling fresh throughout.
- People and visitors told us this was always the case. Comments included: "The home is kept clean" and "This home is kept very clean, they are always cleaning".
- Staff had training in infection control, and their handwashing technique was regularly checked.
- Staff had ready access to personal protective equipment, such as gloves and aprons.
- There were thorough infection control audits every few months. The finding from the audits thus far had been positive.

Learning lessons when things go wrong

- Staff felt able to report concerns to the registered manager in the confidence she would deal with these fairly and appropriately.
- The registered manager or deputy reviewed each accident and incident report to ensure everything necessary was done to keep people safe in the immediate aftermath.
- Accident and incident investigations were thorough.
- The registered manager and provider reviewed trends in accidents and incidents that might indicate further changes were needed to maintain people's safety and welfare.
- Learning from accidents and incidents, including complaints and safeguarding investigations, was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their visitors spoke highly of their care. A visitor told us how a relative was receiving good care in another part of the country, "but not as good as this".
- The registered manager or their deputy assessed people's needs before they came to stay at Alexandra House, to be sure the service was suitable for them.
- Care plans were based on a more thorough assessment of people's needs once they arrived. They were individualised and covered areas including: communication; moods, emotions and behaviours; thinking; eating and drinking; moving and pressure risk; continence and night care.
- Assessments and care plans were regularly reviewed and updated, with people's involvement as far as they wished or were able.
- People received the care specified in their care plans.

Staff support: induction, training, skills and experience

- Staff told us they were well supported through training and supervision, and that their professional development had been encouraged. Comments included: "It's great to feel encouraged here", "In all my time at Care South, the training's been amazing", and "We all can and do [request training]".
- New staff followed an induction, which included obtaining the Care Certificate where they were new to health and social care. The Care Certificate represents nationally recognised standards for care staff.
- For existing staff, training in key areas, such as moving and handling, was refreshed at regular intervals. The registered manager oversaw training and ensured that any out of date training was addressed promptly.
- Staff had regular 'heart to heart' supervision meetings with their line manager to discuss their work in a supportive way, including having the opportunity to explore any concerns and receive feedback on their performance.

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

- People had a choice of appetising, well-presented meals.
- People were positive about the food and told us they had plenty to eat. Comments included: "The food is very nice here, I have no complaints", "I do like the food here, I eat all kinds of things", "The food is good here and there is always a choice", and, "Drinks and snacks are brought round all the time".
- Meal times were pleasant and relaxed. People had the support they needed to eat their meals.
- People had drinks to hand. Snacks and drinks were available between mealtimes and morning coffee or afternoon tea.
- People's dietary needs were catered for and staff understood them.
- Care records clearly documented people's dietary needs and preferences. These were shared with

catering staff. A person told us, "I have special food at the moment; they make it for me."

□.

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

- Regular visitors and a member of staff told us how two people with health difficulties had thrived since they came to stay at Alexandra House.
- Staff were alert to signs of deteriorating health and promptly referred these to the relevant health professionals, especially GPs and district nurses.
- Visiting health professionals reported that staff liaised with them appropriately and followed their advice. They named a member of staff who gauged just the right level of information to give them.
- Each person had a transfer care plan that summarised their needs and preferences, in the event they needed to go into hospital or transfer to another care home.
- People were registered with a GP. They were also supported to register with a dentist and optician if they wished. A chiropodist visited the service regularly.

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

- The needs of older people, including people who live with dementia, had been considered in the design of the building. Communal areas and bedrooms were spacious and well lit. The standard of décor was high.
- There were accessible areas indoors and outdoors for people to walk around safely, including an inviting, secure garden with level paths and seating. Corridors were spacious, with attractive quiet seating areas at the ends and objects to look at and handle. People used these freely.
- Bedrooms each had an ensuite wet room with level access. There were also a larger shared wet room and a bathroom with a lifting bath suitable for people with limited mobility.
- People were encouraged to personalise their rooms with their own pictures, photographs and other objects.
- People's bedrooms were clearly labelled with their name and room number. There were also memory boxes outside rooms on the dementia unit downstairs, containing personal pictures and small items that would help people recognise their room. Bathrooms and toilets were also labelled.
- The lounges and bedrooms on one side of the building had views over the adjacent park. The lounges had balconies, for people to make the most of the views with staff nearby. A person told us how they had been offered the opportunity to move to the upstairs residential unit when it opened but chose to stay in their current room as they loved the view.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff made sure people were as involved as possible in decisions about their care. They obtained people's

consent for their care, provided people were able to give this.

- Where they were concerned that people might not understand what they were consenting to, staff assessed their mental capacity to give consent to particular aspects of their care. They involved people in this process, as well as health and social care professionals where appropriate.
- Where a person was found to lack mental capacity about a particular aspect of consent and there was no valid lasting power of attorney for health and welfare, staff made a decision to provide the least restrictive possible care in the person's best interests. They consulted people's relatives when making best interests decisions.
- The registered manager and staff had identified people who could be considered as deprived of their liberty and had applied for this to be authorised under DoLS.
- The registered manager maintained oversight of DoLS authorisations applied for and granted, along with the date authorisations would expire. They applied for fresh authorisations where necessary.
- There were currently no conditions on DoLS authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and visitors praised the caring approach of the staff. Comments included: "The staff are caring and supportive of me", "They always treat me with respect here", "The staff are very caring towards her, in my observation she is treated with respect at all times", and, "Even the cleaners are lovely".
- People were treated with dignity and respect throughout the inspection. All the interactions we observed were kind and caring. This came across as natural rather than forced.
- Staff took interest in people as individuals and tried to get to know them, even where people were new to the service. People's care records contained information about their life history, values and preferences.
- Staff were alert to when people were becoming upset. They listened to them and offered reassurance and assistance in a tactful and respectful manner.

Respecting and promoting people's privacy, dignity and independence

- People and visitors told us staff always treated them with respect. Comments included: "The staff always protect my dignity", and, "They knock on my door before coming in".
- People and visitors also confirmed that staff supported them to do what they could for themselves. They made remarks such as: "The staff do help me to do things, they encourage me", "The staff do not rush me and are very kind", and "In my observation the staff are very caring, and [relative] is never rushed".
- Respect for privacy and dignity were inherent in the provider's values and were fundamental to the approach of the service's registered manager and staff. The recruitment process sought members of staff who held the provider's values. The values were further upheld through staff development and supervision, and quality monitoring.
- Staff were discreet when offering people assistance with personal care. Personal care always took place in private.
- Visitors felt welcome. They were able to visit whenever they wished, provided the person they were seeing wanted this.
- People's personal information was kept confidential. Mandatory staff training included responsibilities in relation to information governance and confidentiality.

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

- People told us they, or where appropriate their relative, had been consulted and involved in planning their care. Comments included: "I was involved in my care planning as far as I can remember", "My daughter was involved in my care planning when I first arrived here", and, "I was involved with [relative]'s care planning when [they] first arrived at this home".

- People also said staff reflected their preferences. For example, a person commented, "The staff know how I like things done and they do that."
- Staff supported people to make decisions about their care and knew when people wanted their relatives involved in this. This was all reflected in people's care records.
- Staff contacted external professionals when people needed support with decision making.

Is the service responsive?

Our findings

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

Good: This meant people's needs were met through good organisation and delivery.

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

- People and relatives spoke highly of their or their loved one's care. A relative said how "the team have been absolutely fantastic" in managing their loved one's transition from home to care. Other comments included: "The carers go above and beyond. I would have no hesitation in recommending the home to anyone", and, "The level of care and attention to detail is second to none".
- Care plans reflected people's individual needs and preferences. They had been devised in consultation with people and where appropriate their relatives.
- Care plans were kept under review, again with people's involvement, and updated as needed.
- Staff had a good understanding of people's needs and preferences and followed people's care plans to meet these.

Meeting people's communication needs

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

- People's assessments and care plans identified any support they needed to communicate. For example, care plans flagged up where people had a visual or hearing impairment and what assistance they required from staff regarding this.
- People's communication needs were also highlighted in their transfer of information document. This summarised their care needs, in the event they went into hospital or moved to another service.
- The registered manager and their deputy had put together a set of pocket-sized communication cards. These had proved useful when staff were caring for someone who had a first language other than English.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us they enjoyed the arranged activities, which they could join if they chose. Comments included: "I like the activities very much and always get involved", and, "The staff take Mum downstairs to join in with the activities".
- People responded well to organised activities. For example, an activities worker played music as part of their organised activity. People clearly enjoyed this, spontaneously singing and dancing along to the music.
- Activities staff arranged activities based on people's interests and ideas, including trips out in the provider's minibus. This included one-to-one work with people who were unable or reluctant to join in a group.
- Alexandra House was situated next to a park and near a local high street. People regularly visited these

with staff, for example, to go and buy a paper.

- Special events such as birthdays and Mothering Sunday were celebrated. The service had its first birthday party during the inspection. A visitor commented that it had been "a fantastic party", and we saw photographs of people dressed in special occasion clothes and enjoying themselves.

Improving care quality in response to complaints or concerns

- People and relatives said they felt comfortable to raise concerns, in the confidence these would be dealt with appropriately. Comments included: "Anything I've drawn to their attention... they've dealt with it straight away", and, "If I had a concern for [relative] I would speak to the manager. No complaints though".
- The provider's complaints procedure was publicised through information leaflets given to people and on noticeboards.
- Three complaints had been recorded since the service opened. These had each been taken seriously and addressed promptly.
- Learning from complaints was shared with staff, through staff meetings and supervision.

End of life care and support

- No one was at the end of life during the inspection.
- The registered manager had a strong interest in end of life care. At their previous service they had attained the highest status in a nationally recognised scheme to promote excellence in the care of dying people.
- They were seeking to introduce aspects of this good practice at Alexandra House. This included teaching and role-modelling to staff over and above the provider's core training on end of life care.
- This had resulted in individualised care at Alexandra House that reflected what was important to people who were dying. For example, a person who loved having flowers around them had fresh flowers each day in their room. A former Red Arrows pilot had a Red Arrows television programme playing in the background. A keen churchgoer who was too unwell to go to church had their church services streamed to their room.
- Some people had advance care plans that stated their wishes for the end of their life. The registered manager was developing advance care planning across the service.
- Staff from a local funeral director came in to play games with people.
- Some people had 'do not attempt cardio-pulmonary resuscitation' notices, agreed by them, or their family where they lacked capacity to make this decision, and their doctor. Some had made advance decisions to refuse treatment. These preferences had been shared with the GP and ambulance service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and visitors praised the atmosphere of the service, saying that staff seemed happy. Comments included: "Everyone gets on with each other. Staff and residents make a good atmosphere", "I find that this home has a good atmosphere. The staff seem very happy working here", and, "It's a happy environment, and incredibly supportive".
- The registered manager maintained close oversight of the service, through spending much of their time with people, relatives and staff. They also assisted staff where necessary.
- People and visitors described the home as well run, making comments such as, "the Home is well run, it runs very smoothly", "I do think this home is well managed. He is in a good place", and, "The Home is very well managed".
- Staff were enthusiastic about their work and confirmed morale was good. They made comments such as: "I love it here... it's great to feel encouraged", "I've never seen a manager putting as much work in", "I know I'm very happy and I know a lot of my colleagues are... we feel quite passionate about it... It's nice to wake up in the morning and want to come to work".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and the provider's policies regarding this.
- They ensured the service acted on the duty of candour. When something adverse happened, such as someone falling and sustaining an injury, they expressed regret for this to the person and to their relatives as appropriate.
- This was reflected in their open and honest approach to complaints.

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

- Staff told us the registered manager gave clear guidance and ensured they were aware of their responsibilities. Comments included: "Everything's done right... You know your job role, you know what to do", and, "[Registered manager and deputy] give us any guidance we need".
- There were clear lines of accountability between the registered manager and the provider's senior management team, and between the registered manager and staff within Alexandra House.
- The provider supported the registered manager's continuing professional development and kept them up to date with changes in legal requirements and good practice.
- The registered manager understood and met legal requirements. These included notifying CQC of

significant incidents such as serious injuries and deaths and maintaining data security.

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

- There were residents' and relatives' meetings every few months, at which people discussed developments at the service, such as staff changes and the opening of the first floor. They also discussed possible activities and trips.
- The registered manager also kept abreast of people's and relatives' views through informal conversations.
- Staff were involved in developing the service through participation in regular departmental and whole team meetings.
- Staff were aware of how to blow the whistle about poor practice by following the provider's whistleblowing policy and also knew how to contact external agencies, such as CQC. Information posters were displayed encouraging staff to raise concerns if necessary and telling them how to do so.
- There were clear links with the local community, which the registered manager was seeking to extend. These included contact with the owner of the pavilion in the adjacent park that people regularly visited, religious ministers who visited and held services at Alexandra House, and a children's nursery who regularly visited for shared activities with people.
- The service also benefited from the provider's link with the local premiership football team. This involved events at the service and at the stadium. A recent compliment from a person who lived at the home read, "Thank you very much for giving me the chance to visit to visit the Vitality ground."

Continuous learning and improving care; working in partnership with others

- There were robust systems for quality monitoring and improvement. These included a schedule of audits overseen by the registered manager, and also monitoring and inspection by the provider's quality governance team.
- Audits were thorough and there were clear action plans to address any shortfalls identified. Audits covered areas including health and safety in care practices and equipment, care planning, medication, infection control, and risk of malnutrition,
- Learning from audits, as well as from complaints and adverse incidents, was shared with staff and changes were made to help prevent a reoccurrence.
- The provider's quality team and senior management team monitored trends in accidents and incidents to identify areas of particular concern where further changes might be required.
- The service worked openly and cooperatively with other agencies, such as health professionals and the local authority safeguarding team.