

Earlybirdcare Ltd

# Alexandra Park Home

## Inspection report

2 Methuen Park  
London  
N10 2JS

Tel: 02088835212

Date of inspection visit:  
13 January 2021

Date of publication:  
04 February 2021

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Alexandra Park Home is a residential care home for up to 13 older people who are living with dementia and mental health conditions. Care is provided across two floors with a communal area on the ground floor. At the time of the inspection eight people were residing at the home.

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

Systems and processes safeguarded people from the risk of abuse. People told us they felt safe. Effective systems were in place to ensure lessons were learnt from any incidents and the registered manager understood their responsibility to be open and honest when something went wrong.

Risks to people's health, safety and wellbeing were managed well and were reviewed regularly. Equipment was safe to use and regularly serviced and maintained. Recruitment processes had improved and ensured staff were suitable to work with vulnerable people.

The home was clean and odour free and staff followed safe infection control practices. Additional systems and guidance were in place to reduce the risk of infection during the pandemic. Medicines were managed safely. People and their relatives told us staff were kind and caring and were complimentary about the improvements made.

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.

The registered manager and staff had worked hard to address the shortfalls found at the last inspection and were clear about further improvements needed. There were effective systems to check the quality of the service and to monitor staff practice with clear evidence improvements had taken place. People's views were sought about the service and acted on. Records were accurate and organised. The service engaged with external professionals to ensure people received prompt and coordinated care.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 09 March 2020). There were breaches of regulation in relation to recruitment processes, medicines management, risks to people's safety, staffing, person-centred care, and ineffective monitoring systems. After the last inspection, the provider completed an action plan to show what they would do and by when, to improve.

During this inspection, the provider demonstrated that improvements have been made in Safe and Well-Led. However, the rating is limited to requires improvement as there is a breach of regulation in one of the

other key questions. The service remains rated requires improvement.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains at Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Park Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

The rating is limited to requires improvement as there is a breach of regulation in another key question, which was not assessed during this inspection.

Details are in our well-led findings below.

**Requires Improvement** ●

# Alexandra Park Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a pharmacist 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 Park Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 announced. We gave a short period notice of the inspection due to restrictions in place during the COVID pandemic.

#### What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is

required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with the registered manager, the team manager and one care staff member.

We looked at a range of documents. These included four people's records related to their care and support, seven medicines records, two staff recruitment records, staffing rotas, minutes from meetings, maintenance certificates and records related to the auditing and monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed various policies and procedures. We spoke with five people who used the service and three relatives. We also received feedback from five care staff.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection, the provider had failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider managed medicines safely. People told us they received medicines safely and on time. One person said, "I get my medicines at the right time every day. All the [staff] are capable of giving me medicines. A [staff member] gives me the medicines. I take it and [staff member] writes it down." Another person told us, "I am told what medication I'm on. If I get pain in my legs, then I ask for and get [pain relief medicines]."
- Records showed that people received their medicines as prescribed including medicines given only when required [known as PRN medicines]. Staff had PRN protocol in place to support administration of these medicines.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Staff were trained in medicines administration and their competency assessed before they supported people with medicines. Staff were able to demonstrate how they provided safe medicines support.
- Electronic medicine administration records showed they were appropriately completed. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly. However, we found one medicines recording gap. Staff gave an explanation due to internet issues being the reason it was not recorded electronically. The registered manager on the day of the inspection introduced a procedure to minimise the risk of this happening again.
- Policies and procedures were in place governing the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Controlled drugs were managed safely.

### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to mitigate risks in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as skin integrity, oral health, nutrition, mobility, mental capacity, infection control, medicines, falls, toileting, end of life and environment.
- Risk assessments were personalised and regularly reviewed.
- Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom. This showed staff met people's needs safely.
- The service had contracts in place for the regular servicing and maintenance of equipment. We saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, and fire equipment.
- People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. People's safety in the event of an emergency had therefore been considered.

### Staffing and recruitment

At our last inspection, the provider had failed to ensure recruitment of staff was managed safely. This was a breach of regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- Through our discussions with the registered manager, staff, people who used the service and their relatives, we found there were enough staff to meet the needs of people who used the service. One staff member told us, "There [are] enough staff, all shifts are covered." However, two staff members told us they would like bank staff available to cover sick leave and annual leave. The registered manager told us at the moment they had enough permanent staff to cover absences. If staff were not available to cover then the registered manager or the provider would cover the shift.
- Staffing levels were determined by the number of people using the service and their needs. One person said, "Staffing levels are fine. I ask for a coffee, I only have to wait for a couple of minutes. They are holding onto the staff now." Another person commented, "Oh yes [enough staffing]. If I use the buzzer in my room, it takes about one to two minutes for care staff to come." A third person told us, "There is definitely enough [staff]. It's always the same staff these days."

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person said, "Yes I feel safe because the carers are friendly, helpful and help me with anything I ask. There is no bullying here." A relative told us, "Most definitely [safe]. The carers look after [relative]."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to



raise referrals to local authorities and the expectations of staff.

- Staff and management we spoke with had a good understanding of their responsibilities in safeguarding people. One member of staff said, "If I see a safeguarding matter, I will tell my manager." Another staff member told us, "Whistleblowing is the reporting of bad practise to an external body like CQC."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect. Records confirmed this.
- The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

#### Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. The home was clean and odour free.
- Staff completed training in infection prevention and control. Records confirmed this. One staff member said, "Yes, they provide training for infection control and PPE procedure and I find it effective." Another staff member told us, "We have received quite a few [infection control] training [sessions]. Yes, I did find this effective in how to safely wear and remove PPE."
- The infection prevention and control policy was up to date. Personal protective equipment was being used safely and regular testing of staff and people using the service was being carried out. One person said, "The carers check for the virus all day long." Another person told us, "I had my Covid [vaccine]. All the staff wear masks and if they give me intimate care, they wear gloves and aprons."
- The registered manager and staff were following safe guidance to ensure visitors were not at risk of catching and spreading infections. The service had PPE and hand sanitizer available in the front entrance with information about COVID-19. Visitors were given lateral flow testing for COVID-19 when they entered the service. The lateral flow testing can provide results in 30 minutes.

#### Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents and incidents. Lessons learned were discussed at management and staff meetings.
- Management and staff completed records in relation to any accidents or incidents that had occurred at the 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.

At the last inspection, this key question was rated as inadequate. At this inspection, this key question has improved to requires improvement.

Whilst there are no breaches in regulation in relation to how the service is led, the rating is limited to requires improvement as there is a breach of regulation in another key question, which was not assessed during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider and registered manager failed to ensure records were accurate and person-centred, failed to ensure audits drove improvement and failed to meet the action plan submitted to us. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Management and staff planned and promoted person-centred care to ensure good outcomes for people.
- A new registered manager had been recruited since our last inspection. Everyone we spoke with was complimentary about the service and improvements made by the new registered manager. A relative said, "[The service] has become competent. We have more confidence in the rigorous management of care processes and that staff have learnt. With [the registered manager], the home has got much better."
- Staff were very complimentary about the registered manager. One staff member told us, "[Registered manager] is very hard-working lady. A lot of improvements which are fantastic. The service is much better than before." Another staff member said, "[Registered manager] is an outstanding and excellent manager. She makes the home a haven to work in. Since she started work, everyone loves working at the home. [People] are happy, families are happy, and staff are happy."
- Staff enjoyed working at the service and received appropriate support from the registered manager. They said, "Working [here] is great. It is a conducive working and learning environment where staff work together as a team." and "A lot of improvements such as new supportive, qualified and well-trained team to support [people]. Qualified management with very friendly environment."
- The registered manager demonstrated a good knowledge of people's needs and the needs of the staff team. Staff understood their individual responsibilities and contributions to service delivery. The registered manager was knowledgeable about their legal responsibilities. Records were accessible and completed to a good standard.

- The quality of the service was also monitored through the use of annual surveys to get the views of people who used the service and their relatives. The last annual survey was sent out 20 August 2020. Overall the results were positive. Records showed that people would like more involvement in the food menu. Records showed this was discussed in resident meetings. A relative told us, "I had a survey asking how things were."
- The quality of the service was also monitored through the use of annual surveys to get the views of staff. The last annual survey was sent out 15 July 2020. Overall the results were positive.
- Records showed that the registered manager carried out regular audits to assess whether the service was running as it should be. The audits looked at the medicines, care records, infection control, care plan reviews, environment and recruitment.
- The provider and registered manager encouraged a strong culture of continuous learning and development within the service. Staff meetings were used to ensure learning and improvements took place. One staff member said, "Yes [staff meeting] once every month. [We] discuss the current situation, events coming up, staff to discuss their concerns and problems and to have positive feedback." Another staff member told us, "Yes we do have [staff meetings]. It is useful for a variety of reasons as it allows us to vocalise any issues and for us to keep updated on situations within the care home."

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 and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.

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

- The registered manager actively supported people, their relatives and staff to be engaged in the development of the service.
- The registered manager encouraged feedback from people. The quality of the service was monitored by speaking with people, regular meetings, and annual surveys to monitor whether they were happy with the service. People told us the monthly residents' meetings gave them the opportunity to share their views. One person said, "We have residents' meetings and the manager records them. [Meeting minutes] put on the board. We discuss things like food, privacy and if we are happy." Another person told us, "We have regular monthly resident meetings and they ask you your opinion."
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. One staff member told us, "We will welcome anyone in regards of their sexual orientation. We do not discriminate or force our opinions on anybody. People are free to do what they want." Another staff member said, "I will give warm welcome to [LGBT people] and will not judge and discriminate them with their gender at any cost. Will provide them fair treatment and make sure that their needs are met."

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with the local authority and local health services.