

Eastgate Care Ltd

Alexandra House - Eastwood

Inspection report

Wroughton Court
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alexandra House is a care home providing personal and nursing care for 26 people, some of whom were living with dementia, at the time of the inspection. The service can support up to 38 people in one adapted building across two floors. At the time of the inspection, parts of the home were under refurbishment.

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

People told us they felt safe. Staff had training in safeguarding and were aware of how to deal with any concerns. Staff were recruited safely. Staffing levels were sufficient to meet the needs of the people who used the service on the day of the inspection.

People's prescribed medicines were managed safely, and appropriate protocols and guidance were in place. The home was undertaking refurbishment works and some areas of the home were affected however these had been risk assessed and measures were in place to ensure people remained safe.

People and relatives, we spoke with, felt supported by the manager. Audits and quality checks were carried out and any issues addressed appropriately. Staff supervisions and meetings were held regularly. The home engaged and worked with healthcare professionals to ensure people received appropriate care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to infection control and managing people's nursing needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this full report.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra House - Eastwood on our website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alexandra House - Eastwood

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 was carried out by two inspectors.

Service and service type

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

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 reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, clinical lead, senior care worker, care workers and kitchen assistant. We reviewed a range of records. This included five 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 quality assurance records were reviewed.

After the inspection

We spoke with four relatives of people living at the service, and three staff members. We reviewed a variety of records relating to the management of the service, including the provider's policies and procedures. We continued to seek clarification from the provider to validate evidence found.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure premises were secure and suitable for the purpose for which they were used. This was a breach of Regulation 15(b)(c) 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 15.

- Environmental risks had now been identified by the provider, and action had been taken to mitigate the risks when issues were found. Risk assessments had been completed, to mitigate the potential risks the current refurbishment works posed to people, and effective action had been taken. For example, all rooms which were under refurbishment had been locked and alternative areas were used.
- People were no longer at risk from scalding from hot radiators. Covers had been fitted and, where those had been removed for refurbishment, those radiators had been turned off.
- The provider had arrangements in place for the safe storage of cleaning chemicals and other substances which might potentially be harmful to people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received training in safeguarding and knew who to report concerns to, both to the provider and externally. This helped to ensure people were protected from the risk of abuse or neglect.
- People told us they felt safe living at the home. For example, one person told us "when I press my buzzer I know staff will come, they [staff] are brilliant, they go the extra mile".

Staffing and recruitment

- Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service.
- We observed there were enough staff deployed to meet people's needs in line with the provider's assessment of the level of staff support people needed. We observed people did not have to wait for long periods to receive support when they required it.
- People were supported by suitably trained staff to meet their assessed needs. The service had a structured training programme in place.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Appropriate medicines training was undertaken by staff and refresher training was up to date.

- Medicines records had information about any allergies and how people liked to be given their prescribed medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had a robust system in place to ensure actions were taken following incidents and learning was shared with staff.
- Audits for areas such as falls were analysed on a monthly basis for any patterns or trends. Any incident trends identified were used for learning lessons and driving improvements to care delivery.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to monitor, improve and mitigate risks associated with the environment and cleanliness. This meant governance systems were not always effective at ensuring people received quality care. This was a breach of Regulation 17(a)(b) 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.

- Quality audits were completed on a regular basis and had identified potential risks. Action had now been taken to reduce those risks. For example, an infection control audit had led to action being taken to improve practices in the care home.
- Quality audits were reviewed by the registered manager and actions had been clearly documented.
- The registered manager understood regulatory requirements. They were aware of their responsibility to notify CQC of certain incidents. Our records evidenced that we received notifications appropriately.
- The registered manager split their time supporting the provider's other homes. In their absence a clinical lead nurse was responsible for managing the service.

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

- People were cared for by staff who knew them well and supported them to make choices. One person told us, "I decide when I want to do things and the staff help me, they look after me well here".
- People felt confident in the management at the service. For example, one member of staff told us, "The management are very supportive and are really passionate about the care people receive".

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 their responsibility to be open and honest with people and acted appropriately when things went wrong. For example, one relative told us, "My [relative] has quite complex needs. If there are any issues, I'm always told what has happened".

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

- People were supported to maintain relationships with their relatives and friends throughout the current COVID-19 pandemic through the use of video calls. The registered manager had implemented safe visits as soon as government guidance allowed.
- Staff received regular supervisions and were encouraged to share their opinions on the service. All staff we spoke with told us they felt management appreciated the work they did.
- The service was under refurbishment and people living at the service had chosen the décor to suit their preferences.

Continuous learning and improving care; Working in partnership with others

- Incidents and complaints were reviewed appropriately by the registered manager.
- When people's needs changed, staff ensured appropriate referrals were made to specialist health and social care professionals. Staff worked with those professionals to ensure people received the care and support they needed.