Eastgate Care Ltd

Alexandra House - Eastwood

Inspection report

Wroughton Court
Nottingham Road, Eastwood
Nottingham
Nottinghamshire
NG16 3GP

Tel: 01773530749

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

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.

People's experience of using this service and what we found
Medicines were delivered correctly on the day of our inspection; however, systems and storage were not always safely managed. Some people did not receive their medicines in a timely manner. Risk management was not always effective. The care plan reviews system did not always reflect people's needs. Temperatures checks were not accurate and people were at risk of scolding. We were not always assured Infection control policy and procedures were accurate and up to date. Staff were not always following current guidelines for wearing personal protective equipment (PPE). Staffing had increased, but we were not assured staff were deployed effectively. Systems were in place to protect people from abuse and harm. The provider was not always working in the principles of the mental capacity act and did not always record it correctly.

People were not always supported to have maximum choice and control of their lives. Staff did not always support people in the least restrictive way possible and in their best interests.
There was lack of management oversight. General Data Protection Regulation (GDPR) was not always adhered too, as people's personal information was not stored safely and correct. Incident and accidents were regularly monitored. Staff knew people well. The new manager was supported by senior management to implement an action plan to drive improvement.

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 good (published 22 April 2021)

Why we inspected
We undertook this focused inspection because we received concerns in relation to staffing levels, medicine management, training, good governance and similar concerns raised by the local authority. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.
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.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing and governance at this inspection.
Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Alexandra House - Eastwood

Detailed findings

Background to this inspection

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 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 a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. The service did not have a manager registered with the Care Quality Commission.

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 to 10 people and three relatives. We observed the environment of the home and the interaction between people and the staff. We spoke with seven members of staff including, the provider's representative, the manager, the nurse, senior care worker, care workers and housekeeping staff.

We reviewed a range of records. This included six people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good.
At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Medicines
● Not all medicines were being properly and safely managed.
● On the day of our inspection we observed staff completed the medicine round correctly and safely. However, some people who required medicines at a certain time of the day did not always receive them as per their medication administration record (MAR). We found a person had not received the last dose of their medicine on a number of occasions which could have resulted in their condition not being controlled and increase their care needs.
● Another person who should have had their medicine 30 minutes before food did not receive their medicines until after their breakfast. This meant this person did not receive their medicine on time or as prescribed.
● Access to the medicine system log-in was not stored safely. Anyone who entered the medicines room could have access to the information. This meant there was a risk unauthorised staff had access to people's personal information.
● The fridge where some medicines were stored was unlocked, and some medicines that should have been locked away were not. There was a risk that unauthorised staff could access to these medicines.
● On the first day of inspection the medicine room was relocated to another area of the home. On the second day of inspection, we found there had been no temperature monitoring completed since 23 August 2022. This meant the treatment room or fridge had not been recorded for 7 consecutive days. We were not assured the medicines would still be effective. There was no air conditioning system in place in the new medicine room. However, there was a window for ventilation if the room became over heated. We checked the room temperature on the day of inspection and this was in line with current guidelines, but improvement was required for the recording and testing of the medicine room temperature to ensure medicines were still effective.
● Sharp bins that were used to store used sharps, such as needles, were not dated upon opening. We could not identify how long the sharp box had been in use. We were not assured the service was following current guidelines for the use of sharp bins.

Assessing risk
● Systems were in place to manage and assess risks, however, the outcomes were not always reflective of people's needs.
● Care plans were under review at the time of the inspection. However, we found the process identified mental capacity assessments were missing from two people's care files. The process had not shown any action taken to ensure the documents were updated and replaced or that people had received a mental capacity assessment that reflected their needs.

● The provider's care plan review system identified people's personal emergency evacuation plans (PEEP) and where they needed updating. However, one person's care plan review identified the PEEP was not required, which was incorrect. Some PEEP did not identify the number of staff the person needed to evacuate the building safely. There was a risk the records would not reflect people's current needs.
● Two people were seen not wearing shoes, we checked their care plans and there was no information regarding them not wearing shoes or appropriate footwear. There were no risk assessments to identify the risk for people and how staff should support them. People were at risk of falls or damage to their feet.
● Testing water in people's bedrooms to ensure there was no risk of infection or scalding was not completed accurately. We identified concerns with room water temperature testing throughout the premises and the paperwork was not in line with the providers policy and procedure or health and safety legislation.
● There had been no water temperature testing for one month placing people at risk of scalding. The provider's environmental audits had not identified this issue. We requested the provider's maintenance person to complete immediate testing of the high risk areas and we received re-assurance that hot water temperatures were being checked and recorded accurately.

Infection control
● We were not assured that the provider's infection prevention and control (IPC) policy was up to date. The policy dated 2020 with a review date of 2023 had not been updated following concerns found on a recent IPC audit in June 2022. Also, the policy related to outbreak management dated September 2021 did not include any reference or information to current guidance and legislation in regard to COVID 19.
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were areas that could not be effectively cleaned due to damaged surfaces and the age of the building. This included flooring in the main lounge area. However, we found high priority areas were cleaned effectively.
● We were not fully assured that the provider was using PPE effectively and safely. We saw some staff wearing their masks under their nose. This meant they were not always following current guidelines for infection control measures.

The provider failed to ensure that care and treatment were provided in a safe way to people. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

● 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 accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes
● Visiting was supported in line with current government guidance relating to the COVID-19 pandemic.

Staffing and recruitment
● The provider had recently increased the staffing numbers; however, we found staff were not deployed effectively across the building. There was not always sufficient staff upstairs on a number of occasions on both days of our inspection.
● One person had to wait 45 minutes for their breakfast as there were issues that it was not cooked enough. A staff member took the food away at 10:15am and the food was not returned until 11:00am. The person

said, "We could do with more staff." Relatives also felt more staff would be a positive outcome for people.
● We observed eight people in the downstairs lounge and no visible staff to oversee the room for a period of time. There was a risk if anyone had a fall or wanted assistance, staff would not attend in a timely manner.
● On the second day of inspection we found two people wanting to go downstairs. No staff were visible on the upper floor to assist them. Another person was constantly walking up and down the corridor with no support or interaction from staff. We found one person shouting out as they had caught their walking frame on their bedroom door and were unable to get it free.
● Staff felt there was not enough staff to meet people's needs. One staff said, "We could do with more care staff." Another member of staff said, "Staff levels have increased with agency staff and the management seem to be listening to staff in relation to us wanting more staff."
● The provider's representative told us they used a dependency tool to assess staffing levels and were in the process of reviewing this. The provider acknowledged the service used a high number of agency staff and discussed the number of vacancies which they were actively recruiting to.

The provider failed to ensure sufficient staff were recruited and deployed to keep people safe. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We were not assured they were always working in line with the principles of the MCA.
● MCA assessments had not been completed for all people.
● DoLS authorisations were appropriately applied for, and renewals requested were managed in line with the legal requirements of the MCA.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse.
● People felt safe in the home and with staff that cared for them.
● Staff were trained in safeguarding and staff we spoke with understood safeguarding principles. This ensured that people's risk of neglect and abuse were identified and acted upon.

Lessons learnt when things go wrong
● A medicine audit completed by the local authority identified the medicine room was not suitable. The provider relocated the medicine room to a more suitable ventilated room within the service.
● The provider had worked with the previous manager and identified shortfalls. Lessons had been learnt and actions taken as a result of the provider putting an action plan in place to drive improvement. For

example, recruited a new manager. Put extra monitoring in place while processes were embedded.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the management and leadership of the service had not maintained full oversight of the service. There was an increased risk the support and delivery of high-quality care would deteriorate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

● Governance and performance management processes were not always effective. The system in place to ensure care plans were updated were completed however, not robust. Where it had been identified that documents missing from the care plans were required to be implemented and replaced this had not taken place. The manager had told us the process was complete. There was no followed up to monitor the care plans were accurate. The medicines audits had not identified the shortfalls we found during the inspection.

●The lack of oversight of the care records meant these were not consistent. Managerial reviews that had been completed had failed to identify inconsistency of information and the providers own assessments. This meant care plans did not provide staff with accurate information in order to support people safely.

● The service had no registered manager for 12 months. The acting manager told us they were in the process of applying to the Commission to become the registered manager.

● General Data Protection Regulation (GDPR) was not always adhered to. We found a number of files and care notes were left on the dining room table when we first arrived at the home. On the second day of our inspection we found care notes left outside people's rooms upstairs and some in people's rooms where the doors had been left open. There was a risk people's private information could be seen by non-authorised persons.

The provider failed to ensure that systems and processes were in place to improve the quality and safety of care in the home. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

● One person told us they had resident meetings every three months. We also saw staff meetings had taken place. There had been discussions of domestic staff increase and the deployment of staff.

● Staff felt there was an open culture. One staff said, "Since the new manager has been in place, I feel listened to and can see things are changing."

● We received positive feedback from people and staff regarding the new management support.

●The providers representative had identified some of the shortfalls in the previous management oversight of the service. They were working towards an action plan with the new manager but had insufficient time to implement and embed all the processes.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

● Incidents and accidents were consistently monitored and analysed to identify themes and trends.

● Care records evidenced people received personalised care. Mini care plans were at the front of each care file so staff could ensure people received relevant care in the first instance.

● Staff we spoke with knew people well, their likes, dislikes and how they wished for their care to be delivered. One staff told us one person liked to stay in their room and lay on their bed. When we spoke with the person they said, "I am happy lying in bed."

●The service had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.

Continuous learning and improving care; Working in partnership with others

● The manager was supported by senior managers and staff from another home to ensure improvements identified would be implemented in a timely manner.

● The provider had a number of outside involvements from other stakeholders that identified the drive for improvement. The management team had shared an action plan with us which included how they were going to implement these improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks management was effective, infection control measures were safe and to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that systems and processes were in place to improve the quality and safety of care in the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient staff were deployed to keep people safe.