Eldercare (Halifax) Limited

Alexander House Care Home - Halifax

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 December 2015 and was unannounced. The last inspection of this service was in September 2013. The service was compliant with the regulations inspected at that time.

Alexander House provides residential care for up to 20 older people. Bedrooms are situated over two floors with communal lounges and dining room on the ground floor.

There has been a registered manager at the home for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the day of our inspection.

People who used the service told us they felt safe and staff knew how to maintain people's safety.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work with vulnerable people.

Medications were managed safely.

Staff received the training they needed to support them in their roles. Staff received good support from the registered manager.

There were enough staff on duty to make sure people's care needs were met and people enjoyed a range of meaningful activities and social events.

The home was well maintained and comfortable. People's bedrooms were personalised and the home was clean and tidy.

People's healthcare needs were met with the support of visiting healthcare professionals.

People told us staff were caring and we witnessed staff interacting with people in a kind, respectful and friendly manner.

The service was meeting the legal requirements relating to the Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS).

People enjoyed the food at the home and people's nutritional needs were managed well.

Care was planned and delivered with a person centred approach and in line with people's preferences and

wishes.

The home was well managed and staff worked as a team.

Visitors told us they were made to feel very welcome and there was a real family atmosphere in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff recruitment processes were robust and there were enough staff to meet people's needs.

Staff had received training in safeguarding and understood how to keep people safe.

Medicines were managed safely.

The home was clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff received the training they needed to make sure they had the skills and knowledge to meet people's needs.

The service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Records showed people were supported by healthcare professionals including GPs, opticians and district nurses.

Is the service caring?

Good

The service was caring.

People said they liked the staff and found them to be very caring.

Staff were respectful of people's privacy and dignity.

End of life care was planned in line with the person's wishes and preferences.

Is the service responsive?

Good

The service was responsive.

Care was planned and delivered with a person centred approach.

People were supported to join in with meaningful activities.

Complaints and concerns were taken seriously and managed well.

Is the service well-led?

Good

The service was well led.

There was a culture of openness and transparency in the management and leadership of the home.

Systems for auditing quality and safety within the home were maintained.

People's opinions were listened to and acted upon.

Alexander House Care Home - Halifax

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 December 2015 and was unannounced. The last inspection of this service was in September 2013. The service was compliant with the regulations inspected at that time.

The inspection team consisted of one inspector and a specialist advisor for nursing, Mental Capacity act and Deprivation of Liberty Safeguards. On this occasion the specialist advisor looked at medicine management and how the home managed issues relating to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our inspection we spoke with five people who lived at Alexander house, two visitors, the senior care assistant in charge, the area manager, three care workers, the cook, the activities organiser and a visiting district nurse.

We spent time observing care in the lounge and dining room to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included; two people's care records, four staff recruitment files and records relating to the management of the service.

Good

Is the service safe?

Our findings

During our inspection we asked people living at the home if they felt safe. All of the people we spoke with told us they did. One person said, "Oh yes I'm definitely safe here, these girls make sure of that."

We spoke with two members of care staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and both said they knew how to raise an alert if they needed to. One member of staff told us that the numbers for raising an alert were on a noticeboard so that all staff could access them as they needed. Staff also told us that they were aware of the providers' whistle blowing procedure and said they would use it if they had any concerns about their colleagues practice.

The training matrix in place for staff at the home showed the majority of staff had received recent safeguarding training with plans in place for those who were yet to complete the training.

We looked at four staff files which demonstrated the provider was employing effective staff recruitment and selection systems. We saw there was a clear process which ensured appropriate checks such as, proof of identity, references and satisfactory outcomes of criminal record checks through the of Disclosure and Barring Service (DBS) had been obtained before staff began work. These checks helped the service to make sure job applicants were suitable to work with vulnerable people.

We completed a tour of the premises as part of our inspection. This included bedrooms, bath and shower rooms and various communal living spaces. All radiators in the home were covered, or were of a cool panel design, to protect vulnerable people from the risk of injury. Hot water outlets to baths and showers were protected by thermostatic mixer valves and the home's handy man told us he tested these weekly. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We saw that upstairs windows had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows. We found all floor coverings were appropriate to the environment in which they were used. All floor coverings were of good quality and properly fitted thus ensuring no trip hazards existed. We saw that environmental risk assessments, fire safety records, equipment and maintenance certificates for the premises were compliant and within date.
This meant the environment was safe.

Procedures were in place to act in the event of an emergency to help keep people safe. These included individual emergency evacuation plans for people using the service.

At the time of our inspection there were 15 people living at the home. Staffing levels were arranged at three care assistants plus the person in charge during the day and two care assistants during the night. Care staff were supported by a cook and an activities organiser who worked variable hours according to the needs of the people living at the home and the timing of activities. A handyman worked at the home three days a week but could be called on in the case of emergency, outside their working hours. At the time of our

inspection there were no cleaning staff. The senior care assistant in charge told us a new cleaner was due to start shortly but in the meantime care staff were managing the cleaning and laundry. All of the people we spoke with told us there were enough staff to meet their needs. Staff told us they worked very well together as a team and thought there were enough of them. They told us that the short term cover of cleaning and laundry was not having a negative impact on the care of the people living at the home.

We found the home to be clean and tidy throughout. Personal protective equipment such as gloves and aprons were available and we saw staff using them appropriately.

We looked at the systems in place for managing medicines in the home. Medicines were administered to people by trained care staff who wore a red tabard whilst administering medicines to notify they should not be disturbed. Our observations showed this to be effective. Staff told us told people living at the home were assessed as to their capability to self-medicate. Whilst no people had been found capable of self-medication the process demonstrated the provider was attempting to maximise people's independence.

We looked at people's medicine administration record (MAR) and reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. We found records were complete.
The staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor. We looked at medication charts and reviewed records for the receipt, administration and disposal of medicines. We conducted a sample audit of five medicines to check their quantity. We found on all occasions the medicines could be accounted for. We found people's medicines were available at the home to administer when they needed them.

Our review of the MAR sheets and our observations of the administration of medicines demonstrated medicines to be administered before or after food were given as prescribed.
Arrangements for the administration of 'as necessary' (PRN) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. The care worker who was administering medicines demonstrated a good understanding of the protocol.

The provider had compiled protocols for the administration of certain medicines which required specific rules to be observed. For example, we saw protocols were available for the administration of warfarin where the dose is determined by periodic blood tests. We saw the most current blood test results were available for care staff to refer to. We saw allergies or know drug reactions were clearly recorded on each person's MAR sheets.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection a number of people were receiving controlled medicines. We inspected the contents of the controlled medicine's cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We noted the date of opening was recorded on all liquids, creams and eye drops that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis. The application of creams was recorded on a separate sheet containing a body map and the areas where the cream had to be applied.

We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The medicine trolley was secured to the wall when not in use. Drug refrigerator and

storage temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures.

Whilst no person was receiving their medicines by covert means the senior care assistant in charge had a good understanding of the legal framework which applied.

We saw the outcome of a recent audit conducted by a pharmacist where their findings concurred with ours. We saw evidence people were referred to their doctor when issues in relation to their medication arose.

We saw accidents and incidents were recorded and followed up. Accident records included hourly follow ups of the person's condition for 24 hours after the accident had taken place. This meant that any injury or pain not noticed at the time of the accident would be identified.
We saw that any risks to people living at the home were assessed and documented as part of the care plan.

Good

Is the service effective?

Our findings

People we spoke with felt that staff working at the home knew how to look after them. One person told us about how staff always referred to healthcare professionals when they thought it was needed, even for minor issues.

We saw from the training matrix that the majority of staff were up to date with mandatory training. This included fire safety, health and safety, moving and handling and safeguarding. The area manager told us that training had been arranged for those staff not fully up to date in all areas of training.

All of the staff we spoke with told us that the registered manager was very supportive and they could go to them or a senior care assistant for help and advice whenever they needed to. Staff told us they received regular supervision from the manager.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw eight standard authorisations had been submitted to the supervisory body but none as yet had been finalised. We spoke with the senior care assistant in charge with regard to their rationale for making the submissions. Our discussion demonstrated they had a good understanding of the requirements of Mental Capacity Act 2005 and the code of practice with regard to DoLS.

We spoke with the senior care assistant in charge about the use of restraint which included the use of bed-rails. Whilst no bed-rails were in use at the time of our inspection the acting manager was able to distinguish between lawful and unlawful restraint as it may apply to the use of bed-rails. We saw in care plans an assessment to be completed by care staff if bed-rail use was to be considered. Accurate completion of this form would constitute a robust assessment of need.

We found some people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order in place. These had been completed by relevant clinicians. There was evidence of involving family members in the decision. The senior care assistant in charge told us the DNACPR made would be kept under regular review to ensure it remained relevant.

We saw one person had made an advanced decision regarding their future care wishes. Whilst the person

still retained capacity to make their own decisions the senior care assistant in charge was aware of who may need to be engaged in care decisions in the future should the person's mental capacity decline.

People told us they enjoyed the food at the home very much. We saw breakfast was served to people as they came to the table. People were offered a choice of fruit, cereals and toast. The cook told us people could have a cooked breakfast if they chose and gave us the example of one person who occasionally liked to have a poached egg.

We saw tables were set with tableware and condiments. People told us they could choose where they wanted to take their meals. Two people told us they preferred to eat in their bedrooms. One person told us that although the food was very good, they had been put off eating because of the large portions served. They said staff had recognised this and now served them with smaller portions which had helped.

We saw staff completed food and fluid intake charts for people who had been assessed as losing weight or at risk of poor nutrition. We saw the charts were properly completed, including the amounts the person had taken as well as detail of what they had been offered but refused. We saw drinks and snacks were offered to people throughout the day.

One person told us that staff responded very quickly to their healthcare needs. They told us about how staff had helped them when they were experiencing discomfort due to a physical condition.

We saw from care records that people were supported in meeting their healthcare needs by a range of health care professionals, including GPs, district nurses, opticians, dentists and podiatrists. Interventions from healthcare professionals were recorded, in detail, within the person's care records.

We spoke with a visiting district nurse who told us the staff were very good at letting them know when people needed their intervention. They said staff followed any advice they gave and worked with them to make sure people got the care and support they needed.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the staff at the home were caring. One person said "These girls are superb." One visiting relative told us of "The tactful and delicate way staff support people." Another vising relative said "Every time you walk through the door they (staff) are there with a smiling face offering you a cup of tea."

We observed staff treating people with care and respect. Interventions between the people who lived at the home and staff were warm and friendly. Staff were clearly familiar with people's needs, their preferences and their backgrounds. We heard staff speak with people on a number of occasions about their families and when they would be most likely to visit.

We saw staff explaining to people what they wanted to do, for example when needing to support people with the hoist, and staff always sought the consent of the person before undertaking any care task with them. Another example was when we saw staff asking one person if they would like to move from the dining table as they were falling asleep and staff thought they might be more comfortable in an easy chair. The person told staff they did not want to move so staff took action to make them more comfortable where they were.

All of the people living at the home looked smart and well cared for. Staff had clearly taken time to support people with their personal care. We saw care plans referred to how people liked to present themselves, for example, one care plan said the person "likes to wear jewellery and choose it every day."

When we looked in people's bedrooms we saw their personal photographs and ornaments were out on display and their clothes were nicely hung or folded in drawers. This shows that staff respected and looked after people's personal items.

We looked at the care records for a person receiving end of life care. Each care plan had considered how the person's needs may change as their health deteriorated. For example the care plan for communication said that although the person did not have any difficulties at the moment, they would need staff to be patient, respectful, but keep chatting to them as they deteriorated. Another care plan for this person said how the person may need their nightclothes changing more frequently and gave details of the toiletries they would prefer to be used when meeting their hygiene needs. The person's wishes regarding family contact had also been recorded and said "I need staff to keep my family informed of changes to my health and to be welcoming to my family when they visit. A care plan was in place relating to how the person wished to be supported and by who as their health deteriorated. We saw anticipatory medicines had been obtained to make sure the person was comfortable and a list of family contacts had recently been updated to make sure staff were able to contact family in an emergency. This meant staff had given full consideration to the person's changing needs and wishes as they approached the end of their life.

Good

Is the service responsive?

Our findings

Both of the care files we looked at showed that care had been planned with a person centred approach. Care plans were written from the point of view of the person and included detail of their likes, dislikes and personal preferences.

Care plans gave clear instruction to staff about how they should support people when they were unable to vocalise the support they needed. For example, one care plan gave details of how the person, who was living with dementia, might present when they were feeling upset and frustrated and instructed staff on the actions they should take to help the person to calm down.

Care plans took into consideration people's changing needs and we saw they were reviewed on a regular basis. It was clear that people or their families had been involved in the care planning process although this had not always been recorded.

Care files included a life history for the person, detailing family members and special dates such as family birthdays and anniversaries. A visiting relative told us how pleased they had been to receive a handmade Christmas present from their relation as they had had not expected anything like this once their relative had moved into a care home.

We spoke with the activities organiser who told us about the various events that had taken place in the home recently. This included a Halloween party, a pantomime and a Christmas party. People we spoke with told us how much they had enjoyed these events. The activities organiser told us they did not have a set programme of activities but found out what people wanted to do on a daily basis. On the day of our visit we saw people enjoying a game of 'Jigsaw drive.' This was similar to beetle drive but involved people putting together numbered pieces to make a jigsaw of an age appropriate picture. Prizes were available which people appreciated. A visitor told us how they had enjoyed taking part in a quiz with their relative. The activities organiser told us how they encouraged people's families to join in activities with them. One person who preferred to spend time in their room told us they sometimes went downstairs to join in activities they enjoyed.

People told us if they had any complaints they would speak with a member of staff and felt assured they would be listened to and taken seriously. We looked at complaints records and saw that even minor concerns such as a person saying their meal had been served on a cold plate, had been recorded and actions taken. When we mentioned this complaint, the cook said they knew about it and had made sure it didn't happen again. This showed that people's concerns were taken seriously and acted on.

Good

Is the service well-led?

Our findings

There has been a registered manager at the service for a number of years. Unfortunately they were not able to be at the home for our inspection. Due to the absence of the registered manager, a senior care assistant had taken on management responsibilities and arrangements had been put in place for them to work in a supernumerary capacity to ensure the on-going management of the home.

The senior care assistant was able to give us all of the information we needed to conduct our inspection and was able to answer all of our questions. This demonstrated that the registered manager had put systems in place and had involved senior staff in areas of management to ensure effective leadership and management was maintained in their absence.

All of the staff we spoke with told us the registered manager made sure the home was well led and they worked as a team to support them.

We saw the registered manager had conducted a number of audits of the quality and safety of the service. Audits were completed on a weekly, monthly or three monthly basis with the findings recorded electronically for review by a member of the providers' senior management team. All of the audits were up to date. We spoke with the handyman who told us about the safety checks they completed and how staff let them know of any issues requiring attention in the home.

In addition to the providers' auditing schedule the registered manager had other systems for auditing the quality of service. This included a weekly day and night duty audit to make sure people living at the home were receiving the care and support they needed, that staff were working to expected standards and that staff had everything they needed to support good care and working practice.

We saw records of service user and staff meetings complete with action plans to address any issues raised. This showed us people's feedback was used to improve the quality of care provided.

Quality monitoring by a senior manager had taken place most recently in August and November 2015. The area manager told us that although the provider had recently introduced a new system of quality auditing, the registered manager at Alexander House had maintained such high standards, they did not feel it necessary to introduce the new system at the home.

A visitor we spoke with told us how they had been recommended to the home by a relative of a previous service user. They said they were very pleased with everything at the home and said "There's a real family atmosphere here."