

Hallmark Care Homes (Wokingham) Limited

Alexandra Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

The inspection took place on 13 and 14 January 2015 and was unannounced.

Alexandra Grange provides residential care for up to 58 older people including people living with dementia. At the time of our inspection 39 people were living in the home.

The home consisted of three floors. There were individual en-suite bedrooms and shared bath or wet rooms on all floors. The Peacock top floor cared for people with residential needs. The Monarch first floor catered for people living with dementia. The Grayling ground floor

accommodated people with personal care needs and people living with the earlier stages of dementia. Communal lounges and dining rooms were available for people on all floors. Stairs and a lift provided access between floors. A range of communal areas, including a hairdressing salon, and a café open 24 hours daily, were available for people's use. The doors to Monarch were secured with a keypad, to ensure people were protected from dangers that could affect their safety. People able to independently leave the home or floor safely knew the codes to do so, otherwise they were supported to leave as they wished.

Summary of findings

A registered manager was not in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider confirmed that a person had been appointed to this role shortly after our inspection, and would be applying with CQC to take up the post of registered manager.

During this inspection we checked whether the provider had taken action to address the nine regulatory breaches we found during our inspections in May 2014 and July 2014. The provider told us that they would have completed their action plan by end of November 2014.

We found the provider was working towards improving the service. The provider had implemented a system of quality and risk checks to support the manager to monitor the service and drive improvement. It was too early to assess the effectiveness of these systems in promoting sustained improvement in the quality of the service people received. Though improvements had been made, we found ongoing concerns relating to the practices of record keeping, medicine management and gaining people's consent.

People's care records were not always kept securely. Daily care records did not reflect the care delivered to people to ensure they stayed healthy and safe. These incomplete records did not enable the manager to tell whether people's care had been delivered effectively.

Though our previous concerns about medicine management had been addressed we found new

evidence of unsafe medicine administration and disposal. The provider had identified similar concerns and was working with the community pharmacist to improve practice.

Where people lacked capacity to make decisions about their care, decisions had not been made lawfully in line with the principles of the Mental Capacity Act 2005 (MCA). The provider had not taken sufficient actions to protect people's rights.

The provider had improved their learning from safety incidents. When safety incidents occurred these had been investigated, analysed and preventative action taken to keep people safe.

The provider employed sufficient staff and the recruitment process was robust to ensure people were supported by appropriate staff. Staff support and supervisions had improved. This was confirmed by the staff we spoke with. Where staff performance had fallen below an appropriate standard the provider had taken action to address shortfalls.

People were cared for by staff who were kind and respectful of their needs and wishes. Their dignity was promoted by thoughtful consideration. People were involved in decision-making in the home, both with their own care planning and in areas such as staff recruitment. The complaints process ensured people's concerns were addressed appropriately.

People, relatives and staff acknowledged progress towards a stable management team in the home, and spoke with confidence about the manager in post at the time of our inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe.

People were not protected against the risks associated with the administration and disposal of medicines. People were protected from the risk of infection and equipment was well maintained.

There were sufficient staff to meet people's identified needs. The recruitment and induction process ensured staff were suitable, and had the skills and competence to care for people safely. The use of agency staff had on occasion impacted on the availability of quality time staff could spend with people.

When safety incidents did occur these were investigated by the provider and action was taken to protect people from harm.

Requires Improvement



Is the service effective?

The service was not always effective.

Documentation did not demonstrate that people were effectively or lawfully supported in decision-making when they lacked the mental capacity to make specific decisions for themselves.

Staff received support and training to ensure they provided people with effective care.

People's care was effectively supported through liaison with health professionals to manage identified or known health conditions. Daily care records however, did not evidence the care people had received.

Requires Improvement



Is the service caring?

The service was caring.

People were cared for by staff they described as kind and respectful. Staff upheld people's dignity and understood their needs.

People's views were listened to. They were involved in planning their care and support. Staff understood the importance of promoting people's independence and choice.

Good



Is the service responsive?

The service was responsive.

People and those important to them had been involved in their care planning, although this was not always evidenced in their records. People were involved in activities and tasks, and had opportunities to influence events in the home.

People's health and wellbeing needs had been identified and care had been planned to meet these needs.

Good



Summary of findings

People understood the process to raise concerns, and were satisfied that their complaints had been resolved appropriately.

Is the service well-led?

The service was not always well-led.

People's personal records had not always been stored securely. Their confidentiality had not been protected.

The provider had implemented a system of quality and risk checks to support the manager to monitor the service and drive improvement. Action plans were in place to address any shortfalls identified. However, these had not been established for sufficient time to ensure the required improvements had been made.

Communication in the home had improved. People, relatives and staff spoke positively about the manager in place at the time of our inspection, but had concerns regarding the continuity of management when a new registered manager would be appointed.

Requires Improvement



Alexandra Grange

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 checked 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.

The inspection took place on 13 and 14 January 2015 and was unannounced. The inspection team consisted of an inspector, a pharmacist inspector and an expert by experience with knowledge of people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at previous inspection reports, the Provider Information Review (PIR) and notifications that we had received. A PIR 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. A notification is information about important events which the provider is required to tell us about by law.

Concerns were brought to our attention about staffing levels, agency use and management support and this information was used to inform our inspection. The number of safeguarding notifications the home had submitted to us in November and December 2014 had increased beyond expected levels: we investigated this as

part of our inspection. Prior to our inspection we spoke with a local authority safeguarding officer and commissioner of the service to obtain their feedback about the care provided in the home. Their concerns regarding the number and nature of notifications were considered during our inspection.

During our inspection we talked with six people who live in the home and three people's relatives. Some people were unable to tell us about their experience of the care and support they received. We observed the care and support these and other people received throughout the day, including activities, mealtime support and the administration of medicines, to inform our views of the home. We spoke with the manager, project manager, senior staff and the provider, as well as 12 care workers and other ancillary staff including those in catering, housekeeping and maintenance roles.

We reviewed seven people's care plans and daily care records. Fourteen people's charts documenting their specific care and support needs, such as maintaining hydration and re-positioning were reviewed. We also reviewed 14 medicines administration records (MAR). We looked at six staff files, including information about recruitment, training and support through supervision. We looked at the working staff roster for three weeks during December 2014. We reviewed policies and procedures, safeguarding notifications and records relating to the management of the service. We considered how people's and staff's comments and quality assurance audits were used to drive improvements in the service.

Is the service safe?

Our findings

Though the areas of concern from the previous inspection in May 2014 relating to medicines management had been addressed we identified new concerns relating to medicines during this inspection. Medicines were now safely stored within the required temperature range and people received their medication in accordance with their prescriptions. However, people did not always receive their medication safely. People were at times given their medicines via a spoon from the medicine pot. We observed insufficient spoons provided for different residents to allow for medicines to be administered without them being cleaned. We did not observe spoons being cleaned between administration of medicines. Although we did not observe the same spoon used for different people or medicines, this practice placed people at risk of receiving medicines that were not prescribed for them and from their medicines becoming contaminated.

Waste medicines were not kept safely prior to disposal. We found two waste containers with medicines where the manufacturers' instructions for disposal had not been followed. One of the waste medicine containers was not secure, as it allowed waste medicines to be removed. There was a risk that people could access medicines that were due for disposal, and so could be harmed by medicines that had not been prescribed for them. Where medicines were no longer stored, records did not indicate whether these medicines had been transferred or destroyed. There was a risk that people, staff or others could access medicines that were not prescribed for them, as the provider believed these to have been removed from the home.

Medicines had not always been administered or disposed of safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had taken actions to address the concerns regarding infection control identified at our previous inspection. Good hand hygiene had been promoted. People and visitors had access to hand sanitizers which had been placed throughout the home. The home was clean and odour-free. Where people used slings to mobilise they had the sole use of their individual sling. This protected people from the risks of infection and cross-contamination.

Staff had completed training in infection control and understood the actions they had to take to protect people from infections. Department of Health guidance in infection control was available for staff reference. Protective clothing for staff, such as gloves and aprons, were available across the home. Staff were seen to mostly use them, although there were two occasions when we saw staff did not wear protective gloves. This placed them and others at risk from cross-contamination. The manager took immediate actions to address this with the staff when we brought the matter to their attention.

The provider had taken actions to address the concerns regarding staff recruitment and induction identified at our previous inspection in July 2014. All the legal requirements had been met. Criminal records checks had been completed, evidence of good conduct had been sought from previous employers, and each applicant's identity had been verified. Gaps in employment history had been investigated when required, and all applicants had completed a declaration to confirm their medical fitness for their role. Where medical conditions had been declared, evidence demonstrated that this had been discussed, and measures put into place by the provider, to ensure staff would be supported safely.

New staff informed us they had completed a period of induction, which included training, observation of care provision and guidance from experienced staff before they had been assessed as competent to work alone. These measures ensured staff employed in the home were suitable for the role they had applied for, and protected people from the risks of receiving care from unsuitable staff.

The provider had taken actions to address the concerns identified regarding staffing levels in our inspection in July 2014. One care worker said "Staffing is quite good now, there are more staff around and less agency". Most people, relatives and staff told us the staffing situation had improved over the previous two months. A care worker told us there were sufficient staff to complete their allocated tasks and meet people's needs. We observed staff had time to sit and talk with people during the day and night.

We reviewed the roster for a three week period during December 2014. The provider was still recruiting for night staff and used agency staff to ensure sufficient staff were available to meet people's needs safely. Though there were enough staff, care workers told us they felt rushed when

Is the service safe?

new agency staff unfamiliar with people's needs had to be used. They had to spend time guiding agency staff which meant they had less time to spend with people. The manager used regular agency staff where possible. This promoted a consistency of care, so that staff better understood people's needs. One relative told us "They had problems with agency staff, but there's continuity now."

People and relatives told us they sometimes had to wait for support, as staff were busy. Though we saw staff were busy, people were attended to promptly when they requested assistance during the day or night. The project manager showed us a review they had completed in January 2015 of call bell response times. There was not a pattern of delays to call bell response, or repeated call bell use. This indicated that responses had met people's needs promptly.

A relative told us "I have never worried about mum's safety here". We observed people were relaxed and comfortable being around staff. People were protected from abuse because staff had a good understanding of how to keep people safe. Staff were trained to recognise signs of abuse and were able to explain how to care for people safely and report actual or suspected abuse. There was guidance on display for staff to refer to. Staff were confident that action would be taken if abuse was reported to the manager.

Incidents and accidents were documented and reviewed by the manager, and any learning was put into practice to minimise the risk of people experiencing a repeat event. Action plans were in place to reduce the risk of repetition, such as the provision of sensor mats if a person was at risk of falling.

Appropriate checks and training ensured people, visitors and staff were protected from risks in the home. The maintenance team completed regular checks to ensure the home was safe. Call bells were tested weekly and were in working order so that people could call for assistance when needed. When checks identified issues, contractors responded promptly to repair or replace faulty equipment. An external specialist serviced the lift in accordance with the manufacturer's guidance and a gas safety check had been completed as required.

People were protected from the risk of fire in the home. Fire alert and evacuation equipment, such as stair slides, fire bells and extinguishers, were in place, and regularly checked to ensure they were fit for purpose. Staff had been trained in the fire evacuation procedure and knew how to respond if there was a fire alert.

Is the service effective?

Our findings

At our previous inspection we found where people lacked capacity to make decisions about their care, decisions had not been made lawfully in line with the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found the provider had not taken sufficient actions to address these concerns and to protect people's rights.

Though staff had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS), they were not always able to explain how this was relevant to their care role. People could not be assured that staff understood their obligation to support people's freedom and rights when they lacked the capacity to make decisions independently.

Records did not always demonstrate that people had consented to the use of their photographs, care or treatment. A form designed to gain people's consent to receive influenza vaccinations had not been fully completed to demonstrate that the person had understood and agreed to this vaccination.

Where decisions had been made on behalf of people there was no record to demonstrate why they could not make this decision themselves. Some care plans had been signed by people's relatives, when there was no record of a lawful reason for them to do so. The provider told us they were working with relatives to support them to understand the legal arrangements they needed to have in place before they could make decisions on a person's behalf.

The GP had authorised the administration of covert medicines for two people. A best interest decision had been made and specialist pharmacist advice obtained on how to administer the medicines covertly. The covert administration of medication is the practice of hiding medicine in food or beverages so that it will be undetected by the person receiving the medication. This practice applies to people who are not capable of consenting to treatment. It is intended to ensure that individuals refusing treatment as a result of their illness will have access to effective medical treatment. However, records did not show that a mental capacity assessment had been undertaken to indicate the person lacked capacity and the decision made in their best interest was required. People might be receiving treatment agreed by professionals, without having had their capacity to inform the decision assessed.

People's consent to care was not always lawfully gained. This was a continuous breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Where people had been deprived of their liberty to ensure their safety, for example through the use of door keypads, applications for DoLS had been submitted by the provider to ensure these restrictions were lawful. The DoLS are part of the MCA and are designed to protect the interests of people living in a care home to ensure they receive the care they need in the least restrictive way. The manager had submitted applications to the local authority for nine people who were at risk of having their liberty restricted. Risk assessments had been completed to demonstrate that appropriate actions had been taken to protect people from the risks associated with leaving the home alone.

At our inspection in May 2014, we found people were supported to stay healthy, eat and drink enough. However, their records did not show that care had been delivered to meet people's needs and manage their risks.

At this inspection we found the provider had not taken sufficient action to address all of these concerns. Records still did not reflect how people's needs had been met. Food and fluid charts had not been completed robustly. The amounts people ate and drank were not clearly noted as required by their care plan. People's required daily fluid amount had not been recorded which made it difficult for staff to know whether people had drunk enough or action needed be taken to prevent dehydration. Where people had not drunk fluids the reason for this had not been noted.

Some people had been identified at risk of developing pressure ulcers. Staff were required to complete four hourly re-positioning for these people to reduce the risk of harm. Charts had not always been completed to evidence preventative action had been taken to protect people's skin in line with good practice. These incomplete records did not enable the manager to tell whether people's care had been delivered effectively. Further investigation by the manager revealed that care had been delivered in accordance with people's needs, but had not been accurately recorded.

Is the service effective?

People's records were not up to date and did not reflect the care delivered. This was a continuous breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Malnutrition Universal Screen Tool (MUST) was used to identify people at risks of malnutrition and dehydration. People at risk were supported to eat, and were given fortified meals and additional high calorie snacks. Catering staff were aware of people who required specialist diets, and checked at mealtimes to ensure they received these. Staff were aware that people who experienced dementia may prefer to snack throughout the day. Snacks and finger foods were provided to support people to maintain a nutritious and balanced diet. Drinks were available and staff encouraged people to drink throughout the day.

We observed people's lunch time experience. People were supported to encourage sufficient nutritional intake. If people refused a meal, we saw they were offered an alternative. Menus were provided in a written format. Some people living with dementia might not be able to read the menu and were not shown pictures or plated meals to support them to make a choice. When people requested more lunch or changes to their choice, these were provided promptly. People chose where they wished to eat, and when they needed support to eat this was provided as soon as their meal was served. Staff sat and ate with people on one floor. People appeared to enjoy their conversation with staff over lunch.

People had been supported to attend health appointments as required. Staff told us, and records demonstrated that people had been referred to the GP, district nurse or other health professionals when changes in their health indicated this was necessary. We saw that the GP received a fax informing them of people who required visits, and the dietician supported people to manage identified nutritional needs. A collaborative care meeting had been held between the mental health team and care staff to support one person to manage behaviours that challenged

staff. Care plans recorded that actions detailed by health professionals had been implemented to promote people's health and wellbeing. People's identified health needs had been managed effectively through referral to health professionals.

The provider had taken actions to address the concerns relating to staff training and supervision identified in our inspection in July 2014. People were supported by staff who had been trained to meet their needs effectively. All staff had completed the provider's required training, including specialist training such as managing diabetes and dementia care. Staff undertook competency assessments to demonstrate they understood how to support people to eat and drink sufficiently.

Staff refreshed their learning regularly to ensure they remained up to date with current care practice. Staff spoke positively about the training provided. Care workers' comments included "We get more support now, it's quite good", and noted training was "Really good, we can put it into practice".

Agency staff told us they could access the provider's training if they wished, and that there were checks in place to ensure they had completed all required training. Staff undertook practical skill assessments to check if they understood how to support people effectively through safe support when mobilising, or to manage emergency evacuation in the event of fire.

All the staff we spoke with told us they had regular and effective supervision meetings with their manager. This provided an opportunity to raise concerns and discuss issues or aspirations. One care worker said "They listen, and resolve issues". Records of supervisory meetings evidenced these were held regularly, and that actions required had been set and reviewed to ensure staff received the support they required. Team supervision meetings were used to inform and guide good practice.

Is the service caring?

Our findings

People told us they were well cared for and treated with respect, and described staff as kind. One person said “They try and help you as much as they possibly can”. We observed staff were attentive to people’s needs and wishes, and spent quality time with them, sitting and chatting with people as they waited for lunch. One care worker walked with a person to the dining area. They walked arm in arm, and the care worker admired the person’s newly painted nails. One care worker told us “This is like my family, I like to see things running well”.

At lunch time, one person collected the bread basket from the kitchen server, and took this around the dining room for people to help themselves. This person undertook a task in the home that appeared to give them purpose and enjoyment.

The home had a calm and contented atmosphere. We observed staff knocked on people’s doors before entering, and waited to be invited in. Staff were able to explain actions they took to support people respectfully, such as ensuring people were supported by male or female care workers, as they wished. The rota aimed for a mix of male and female care staff to support people’s preferences.

An initial assessment of people’s needs and wishes considered their history and interests. Staff told us this helped them to understand the person as an individual. This meant staff were able to engage people in topics of conversation that were important to them.

A new care planning tool was being introduced at the time of our inspection. A trial of this had been made for a person newly admitted to the home. It included a thorough

assessment of their needs and record of their wishes. Department heads had met with the person to ensure their wishes were respected, for example in relation to the contents of their room, and choices for activities. The chef had cooked the person’s favourite meal to help them settle in. This demonstrated that people’s wishes and preferences were valued.

A ‘fond memory’ table had been set up for people who had recently died in the home. This included a picture of the individual and a sympathy card for people and staff to sign for the family. Staff represented the home at funerals as a mark of respect. This allowed staff to demonstrate their care and compassion for the people they cared for.

We observed a care worker chatting with a person who had woken early. They chatted quietly in the person’s room, and checked periodically that they did not require any further support. Staff understood people’s wishes, and ensured these were respected. Care workers were aware of people’s individual needs and characteristics. They understood when people’s behaviours were likely to unsettle others, and took appropriate actions to redirect people’s attention to reduce the risk of incidents.

People’s choices were respected. People chose when to get up or retire to bed. When one person was up in the early hours of the day, a manager greeted them by name with a smile, and suggested they have a cup of tea together. People were encouraged to go back to bed if they got up very early, and to rise in the morning, but if they refused staff did not insist. Staff understood people’s usual preferences, but always checked that they wished to follow that pattern daily. One care worker told us “Each night is different. This is their home: we have to respect that. I follow what they want”.

Is the service responsive?

Our findings

At our inspection in May 2014 we did not see evidence that people had been involved in their care planning. At this inspection we found care plans reflected people's wishes and preferences, although it had not always been evidenced how the person had been involved in their care planning and reviews. People and their relatives told us they had been involved in their care plan reviews. The manager told us that the new care plan format better demonstrated how people had been involved in assessments and reviews, and we saw this reflected in the care plans that had been recently reviewed.

One relative told us staff were more "On the ball" with meeting people's changing needs than they had been at the time of our previous inspection. They told us "I'm very pleased with the care. They know mum's wishes". Information in people's care plans was specific to the individual's needs and wishes. One person was due to return to the home from hospital at the time of our inspection. A manager had visited them in hospital to reassess their needs to ensure they could meet their changing needs.

Care plans included information about people's care needs, such as allergies, continence care and ongoing treatment. Colour-coding of information ensured staff were aware of changes or people's key care needs, such as managing chest infections or wound care. Where people experienced anxieties or behaviour that challenged staff or others, guidance in their care plan explained triggers that were likely to upset the person. It also informed staff how to support a person to reduce their anxiety or manage these behaviours. Care staff, including agency staff, told us care plans provided sufficient guidance for them to understand and meet people's needs and wishes.

People were positive about the range of activities provided. A relative told us staff included her mother in activities and social gatherings, and praised the actions taken to ensure this occurred. People were able to attend church services held in the home, visit local garden centres and shops, and join in activities in the home such as arts and crafts and film showings. Entertainers came to the home to lead sing-alongs and provided dance shows. A hairdresser and therapist provided pampering sessions in the home. A café

was available for people and their visitors to use throughout the day and evening. A daily internal newsletter was available in large print to enable people with poor eyesight to keep up to date with daily news. Activities were reviewed and evaluated to ensure they met people's wishes and preferences.

Relatives told us, and we observed, they could visit people at times that suited them throughout the day or evening. People chose to meet relatives in the privacy of their room or the café, as they wished. A private function room and guest room were available for relatives' and visitors' use. People could celebrate special events, or have the comfort of family close by when they were nearing the end of life.

People's and relatives' feedback was valued, and influenced the care provided. The daily management meeting noted feedback from a relative. This was used to revise the care staff had planned, and it was discussed whether similar changes should be considered for others. The provider conducted an annual satisfaction survey. The most recent report, collated in October 2014, demonstrated that people were satisfied with the care they received. Regular feedback was sought from residents and relatives at meetings. The minutes from a meeting held in December 2014 showed there had been discussions about staff recruitment, communication and planned events for Christmas. The dining and lifestyles forum held in October 2014 had driven revisions of the menu and activities plan. People were able to influence the service through feedback. Their views were considered and valued.

People told us they knew how to raise complaints, and said they had confidence these would be listened to and dealt with appropriately. Relatives told us managers were "Responsive to comments", and told us how issues they had raised had been addressed to their satisfaction. One relative told us they felt cleanliness in the home had improved since they had raised concerns. The complaints file evidenced that the provider's complaints procedure had been followed when concerns had been raised. Complaints had been reviewed to identify themes. In November and December 2014, several complaints had been made about missing items. The home had instigated a 're-homing' day to ensure items were returned to the rightful owner. This demonstrated that the service listened to people's comments and acted upon them.

Is the service well-led?

Our findings

The provider had regard for our May 2014 and July 2014 inspection findings and had started taking action to understand and address the regulatory breaches. Concerns relating to recruitment, staffing numbers, staff supervision and incident investigation had been resolved. However, further improvements were required to ensure people consistently received high quality care.

At our inspection in May 2014, we found people's care records were not always kept securely. Staff offices were not always locked when staff were called away. At this inspection we found that there were times during the day and night when staff did not ensure offices were locked. People's dignity and confidentiality had not been respected, as visitors and others without authority could potentially access people's personal information. The provider's procedure to keep people's records and other personal information confidential had not been followed. Systems put into place to monitor the quality and security of records had not been effective in driving improvements to ensure information confidentiality.

People's records were not kept securely. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found the provider was working towards improving the service. Additional management support had been made available to enable progress. The service did not have a registered manager in post. Temporary measures had been taken by the provider until the appointment of a new registered manager for this home. A temporary manager was in post, supported by a project manager. The provider visited the home weekly to monitor progress. They told us the current manager would be submitting a registered manager's application to CQC and this was their "highest priority".

Relatives told us they had noticed improvements in the management of the home since our last inspection. One relative stated "Things have changed for the better over the last six months". Another said "I have more faith in the current management, and I'm seeing changes".

The provider had implemented a system of quality and risk checks to support the manager to monitor the service and drive improvements. These included checks and audits of medicines, care plans, daily records and health and safety.

Ongoing root cause analysis of incidents and audit results had supported the provider to identify similar concerns to those we found during this inspection. Action plans were in place to address these shortfalls. To further drive improvement the provider worked with external specialists such as the community pharmacist to inform the manager's assessment of the service. The provider had also applied learning from their other homes to improve practice at Alexandra Grange. Staff, relatives and management told us the communication in the home had improved. They described the provider as being more open and transparent about the challenges they faced.

Though improvements had been made the ongoing concerns we found made it too early to assess the effectiveness of these quality and risk checks in promoting sustained improvement in the quality of the service people received.

People were involved in the running of the home and the provider valued their expertise. They were included in the recruitment of new staff. People showed applicants around the home and took refreshments with them. The management listened to people's views of the applicants and considered their feedback about candidates when deciding who to recruit. One person was helping staff with an assessment of the home's suitability for people living with dementia.

The manager told us care delivery systems had been reviewed and were in place to ensure people received high quality care. They were now working to improve staff consistently when implementing these systems including daily record keeping. Where staff performance had fallen below an acceptable level we saw evidence that the provider investigated the reasons for this. Learning from staff performance investigations was used to improve the effectiveness of care systems and where needed the manager implemented their staff performance management process.

Staff told us that they had seen gradual changes for the better. In the past there had been frequent management changes and staff told us the lack of continuity in leadership had impacted on their ability to deliver quality care. They said the new manager had brought stability to the home which they welcomed. Though staff told us there were still some issues, they felt confident the management team were working hard to resolve these. The managers often worked late to ensure the night staff remained up to

Is the service well-led?

date with service improvements and staff told us team work had improved. Staff comments included, “The atmosphere is happier”, “The manager responds if we call her, and listens to our concerns and ideas” and “It’s a lot better here now, it’s picked up”. However, some staff were concerned that these improvements would not be sustained should the management of the home change again.

Information was shared by managers at a daily meeting, and cascaded to staff through handovers. This ensured that

learning and improvements, as well as praise given through compliments, were shared across teams. Staff were involved in audits and checks, and so had an increased understanding of their responsibilities when delivering care and their role in delivering the service improvement plan. The residents’ charter was titled ‘Your home your life’. It was displayed around the home, and included a philosophy of care, dignity, and rights. Staff told us they were proud to live up to these values.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010 Management of medicines The provider did not protect service users against the risks associated with the unsafe use and management of medicines. Regulation 13.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2010 Consent to care and treatment

The provider did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided. Regulation 18(1)(a)(b).

The enforcement action we took:

We have asked the provider to take actions to ensure that people's consent to care is lawfully gained. They must complete this action by 06/04/2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010 Records

The registered provider and registered manager did not ensure service users were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of maintenance of an accurate record in relation to the care and treatment provided to each service user. The provider did not ensure that were kept securely. Regulation 20 (1)(a)(2)(a).

The enforcement action we took:

We have asked the provider to take actions to ensure that people are protected from harm through accurate record keeping, and that records are kept securely. They must complete this action by 06/04/2015.