

# Sir Josiah Mason's Care Charity

## Alexandra House

### 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

### About the service

Alexandra House is a purpose built, single story residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

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

People were cared for safely and protected from the risk of potential harm as staff knew what to do and how to report any concerns. People's risks to their health had been continually assessed and recorded to show how their care can be delivered without further risk. There were enough staff to support people with medication, personal care and activities of daily living. The home was clean and people were protected from the risk of infection.

People's needs had been assessed and staff had been trained and supported in their role to provide support based on best practice. People enjoyed their meals, so they maintained a healthy and nutritious diet. There was input and advice from other professionals for people to remain well. The home was on one level with space for people to spend time in areas of their choice, such as quieter areas. Doors and corridors were wide enough for wheelchairs access. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were comfortable in their home and built trusting relationships with staff. Staff looked after people with kindness and had the knowledge to deliver a personalised service. Staff encouraged people to remain independent and were considerate not to take over or rush people. People were able to spend time quietly or with the company of staff who consider their privacy and dignity.

Care plans recorded people's routines and care needs which staff followed. The care plans were reviewed monthly and included the person and, where appropriate, the relatives' input. People had access to a variety of activities, with staff holding inclusive sessions. External entertainers were well received by people and the registered manager was looking to expand on external outings. Complaints were recorded and responded to.

There were systems in place for people to give feedback and offer suggestions in relation to their care and service provided at the home. The registered manager had a range of quality checks to make sure people received a good service. A change in the management structure since our last inspection had led to improvements in governance and staffing at Alexandra House. The provider worked closely with the registered manager and a clear ongoing review and improvement plan was in place.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 1 December 2018) and there were

multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Alexandra House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector completed this inspection.

#### Service and service type

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

#### Notice of inspection

This first day of the inspection was unannounced and the second day was announced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care coordinator and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

At our last inspection the provider had failed to ensure safe staffing levels to provide care and support to people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. The provider had recruited more staff and assessed how many staff were needed based on people's care and support needs.

- People were supported by enough staff and had not experienced delays in their care and support. One person told us, "There is always staff available, they help out with the others." One relative told us, "I am confident to leave [person] here."
- People in the communal areas were supported with staff who responded to requests or were able to recognise where a person needed support. One staff member told us, "There is enough staff to meet people's needs. Look at the skill set of staff, it works for people."
- The provider's recruitment practices included background checks of new staff to gain further assurance of their suitability to work at the home.

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

- People were living in a home where staff understood and promoted safe care. People were comfortable to raise any concerns, one person told us, "I say I am content, settled and like living here."
- Staff knew the signs and types of abuse which people were potentially at risk from. Staff told us they would report any concerns to the registered manager and knew the process to raise a safeguarding with the local authority. One staff member told us, "I know how to safeguard and had training on what to do, before the manager did it so now we are all responsible and [manager name] can support."

### Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed and reviewed. Information was available for staff to safely care for people.
- Staff understood where people required support to reduce the risk of avoidable harm, such as the risk of falls. Care plans contained explanations of measures for staff to follow to keep people safe.
- Where new risks were identified, such as weight loss, these were recorded and actions put in place to maintain the person's health. One member of staff told us, "Oral care can link to potential reason for lack of appetite, so we look at that."

### Using medicines safely

- The use of thickened powder had not been recorded, however staff were clear on the dosage required and for who. The registered manager took action to ensure this was in place on the second day of the inspection.
- People told us they received support with their medicines, which they received as and when needed.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines. The provider had assessed staff as competent to support people with their medicines.

#### Preventing and controlling infection

- People's rooms and communal areas were clean and free from odour. The domestic staff had schedules to follow which were monitored by the registered manager.
- Staff used gloves and aprons when needed to reduce the chances of potential spread of infection.

#### Learning lessons when things go wrong

- Where an incident or accident had occurred staff had made clear records of the what happened. The registered manager reviewed each one to make any changes, such as environmental or contact other professional support.
- The provider also reviewed the number and types of accidents and incidents to look for any patterns to trends.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before coming to live at the home and the registered manager told us this was to ensure they would be able to meet their needs.
- Where people continued to live at the home their needs were reviewed and updated where needed.
- The registered manager considered regulations and guidance from other agencies to review their practice, so it remained current best practice.

Staff support: induction, training, skills and experience

- People received care from staff who had been trained and supported to understand their role and care practices. One staff member told us, "Training in place, now have a training officer who comes in. I have done choking [safety and prevention] recently which was really good."
- The registered manager oversaw staff training and supervision to maintain the staffs' skills and knowledge.
- New staff to the home undertook an induction period and completed a care certificate qualification which evidences their competency over several months.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed their meals and had enough to eat and drink to maintain their health.
- The provider and registered manager were working to make meal times and choice more flexible which would better suit people's individual preferences.
- People at risk of poor nutritional health were supported with enhanced diets and referrals to external health professionals for guidance, which was followed.

Staff working with other agencies to provide consistent, effective, timely care

- When people needed to go into hospital, a staff member went with the person for support. One person told us, "I have another check-up [at hospital] next Wednesday." A pre-populated care plan was available for the hospital staff to understand the person's needs.
- The registered manager had developed good working relationships with people's social workers to aid any required changes to care needs.

Adapting service, design, decoration to meet people's needs

- Alexandra House is a purpose built home and is on one floor. The home has been decorated and met people's current needs, for example people's doors were personal to them to help them recognise their

room.

- The provider continually monitored the environment and continuous maintenance was in progress.

Supporting people to live healthier lives, access healthcare services and support

- People had visits from their GP, opticians and district nurses which were arranged and monitored by staff.
- Where people had external health appointments they were supported. One person told us, "I have another check-up [at hospital] next Wednesday."

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 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. We checked whether the service was working within the principles of the MCA.

- People made their own choices and staff were considerate not to make assumptions about what a person may want or like. One person told us about their choice, "I am left alone as I want knowing there is backup if I need it."
- Although staff had a good understanding of people's needs and ensured care was delivered in line with people's best interests, records related to this needed improving. We discussed this with the registered manager who took action to address this issue.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People enjoyed living at Alexandra House and were seen to relax, laugh and chat with staff. One person told us, "The staff are all nice some I get on better with than others and we have a laugh, you need that, I'm 98 but still we get on well and chat."
- Staff supported people as needed and were available in the communal areas.
- People's personal lives were respected and staff took time to get to know people. One staff member told us how they enjoyed, "Finding out about their previous lives and pasts and about friendships" and how this help to understand how individual people were in the home.

Supporting people to express their views and be involved in making decisions about their care

- People views were listened to and they were able to direct staff in the care they requested or needed. One person told us, "All the girls [staff] are lovely and look after me if I need it."
- Staff ensured people were involved in their day to day choices and decisions, and people were seen to make choice which staff responded to. One staff member told us people were, "Free to go to bed whenever and they can always get up."
- Staff knew how best to include people in their care and one staff member told us, "I listen and prompt, prompt, prompt, but never force them, it's their choice."

Respecting and promoting people's privacy, dignity and independence

- People were independent in areas of their lives, and were supported by staff who knew not to take over. One person told us, "I do my own cream on my legs and the staff look after the tablets."
- Staff knocked and waited before entering a person's room and told us how they consider people's feelings while providing personal care. People were happy their privacy and dignity were maintained and one relative told us, "It is the best care second to none, it goes beyond caring and compassion here, they really are marvellous."
- Staff continued to encourage people to do as much as they could and one staff member told us it was about, "Empowering them [people] to do as much possible."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care had been planned around them and had considering their and where asked, relatives' views.
- The support people received helped them to achieve good outcomes and improved quality of lives. One relative told us about a person who had now regained some independence and "Gets up a lot now."
- People's preferences were known by staff and recorded in people's care plans. People told us staff knew them well and their needs were met. One relative told us the staff were, "Really compassionate in the way they look after people."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who required glasses, hearing aids and other equipment had these to aid their communication. People were able to express their view through touch or body language.
- The registered manager was reviewing how to improve communications, such as pictures or using objects of reference.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed the range of activities, which included external entertainers, such as musicians and farm animals.
- People had the opportunity to take part in individual interests, such as chess and dominoes. Staff joined in where needed and people were encouraged to join in or take part if they chose to do so. One person told us they, "Like to spend time in my room and will go to the entertainment if I want."

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or comment, knew the registered manager and were happy to approach them. One person told us, "We get on well and she has said any problems come and see me." People told us they had no current concerns and one person told us, "[Registered manager] is around and if I did not like something I would just tell them, not that there is anything wrong."
- Relatives told us where they had made suggestions these had been acted on and one relative told us, "I do

not live locally and the communication with [registered manager is important and works well."

#### End of life care and support

- People's practical needs relating to their preference had been recorded in the event of sudden death. The registered manager wanted to develop the end of life care further so people where people had particular wishes these were known and recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At our last inspection the provider had failed to have system in place to identify and improve the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. A new registered manager had been in post since March 2019 and had worked to improve the checks made to ensure people were in receipt of good quality care.

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

- The registered manager had developed and maintained a clear system of checks to demonstrate people had received the care needed and within a safe environment.
- Staff were clear about their roles and what they were responsible for. The registered manager was supported by the nominated individual and care coordinator.
- Notifications to CQC had been submitted when required and the registered manager understood their legal obligations.

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

- People told us they enjoyed living at Alexandra House and knew the registered manager who was visible and approachable.
- The registered manager and staff commented it was people's home and they were working within it. One staff member told us, "I always say to them this is your home, so you can do the same here, you choose."
- Some people had come to live at Alexandra House for a period of short recovery. However recently two people had requested to stay as they had enjoyed their stay and had improved health.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had clear guidelines in place to investigate any concerns. This included complaints, concerns, incidents and accidents. Where appropriate offered an explanation and apology.

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

- The home offered a range of facilities to engage people and the community. The provider held 'Friends of Alexandra House' where people, friends and relative could come together to talk about the home
- People were able to express their individuality, and staff had developed a 'post cards from home' wall map so people's birth towns and holiday destinations could be shared and was used to get to know people further.

#### Continuous learning and improving care

- The provider had reviewed the care and support people received and had developed a 'Transformation' plan. This showed how further improvements such as, more day trips and improving the current dining experience for people.
- Staff were aware of the expected changes and told us how they felt these would continually promote good experiences for people.

#### Working in partnership with others

- The registered manager had developed links with district nurses, social workers and the local authority.
- Staff used these links to improve and promote people's experience of care, such as skin care and nutritional advice.