

Care Services (Bournemouth) Ltd

Alexandra Centre for Physical Disability & Sensory Impairment

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

The inspection took place on Saturday 14 January 2017. The inspection was unannounced.

Alexandra Care Centre provides accommodation and personal care for up to 14 people, some of whom are living with disabilities both physical and sensory. There are bedrooms both on the ground and first floor. There is a small dining room and lounge area with a conservatory attached with an additional area for seating and activities. Space is limited in the communal area.

There was a registered manager in post. 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.

People told us the service was safe. All staff had completed safeguarding training and were supported to raise concerns to ensure people did not come to harm.

Risks were assessed and managed in a way that promoted the person's independence in the least restrictive way.

Recruitment was robust ensuring that only the right people were employed. The registered manager told us they were looking for people with the right qualities to support people living in the home.

People were supported by staff that had the training and support they needed to meet people's needs.

Staff were encouraged to develop their learning. There were enough staff on each shift to enable people to participate in a range of activities. The staff worked well as a team at a time of staff shortages.

Medicines were managed safely. People received their medicines at the right time.

Staff followed legislation in place to protect people's rights. Appropriate advice had been sought to ensure people were protected.

People were involved in their care and support. Care plans were detailed and reflected the person's needs and preferences and were regularly reviewed.

Meals were a social occasion and there was support when necessary to ensure people had enough to eat and drink.

People were supported to maintain their health and wellbeing with regular checks when necessary.

People were confident to raise concerns when they were unhappy or worried.

The quality of care was monitored and there were system in place to ensure action was taken when standards were not met.

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 is safe.

Staff understood how to keep people safe and report concerns.

Risks were managed supporting people to lead the life they wanted to.

Recruitment was robust and there were enough staff to meet people's needs.

Medicines were managed safely and people had their medicines at the time they were needed.

Is the service effective?

Good ●

The service was effective.

Staff sought verbal consent from people before providing care and acted within the law protecting people's rights.

Staff had training and support to enable them to do their job effectively.

People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring

Staff had built caring relationships with people.

People received personalised care that met their physical and emotional needs.

People privacy and dignity was maintained at all times.

Is the service responsive?

Good ●

The service was responsive

Care plans and activities were centred on people's needs and wishes.

Complaints were listened to and action taken to address the concern.

Is the service well-led?

Good ●

The service was well-led

The registered manager and provider acknowledged staff worked well together as a team

Systems had been developed to monitor the quality of the service and deliver improvements.

People's views were actively sought and acted on.

Alexandra Centre for Physical Disability & Sensory Impairment

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 Saturday 14 January 2017 and was unannounced.

The inspection was carried out by one Inspection Manager.

Before the inspection we requested and received a Provider Information Return (PIR). 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. We considered information we held about the service which included notifications regarding safeguarding, accidents and changes in the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We spoke with eight people living in the service. We spoke with five care staff, the cook, the deputy manager and the registered manager. We looked at the care records for three people. We looked at the recruitment records for three staff as well as a variety of other records related to the running of the home including audits, policies and incident records.

The home was last inspected in 2014 when no concerns were found.

Is the service safe?

Our findings

People told us they were safe. One person said "If it wasn't safe I wouldn't be here."

Staff knew how to recognise the signs of abuse and take appropriate action to protect people. Staff we spoke with had completed safeguarding training and could tell us how they would report concerns to the registered manager. They also told us that safeguarding was routinely discussed at meetings and they were able to discuss concerns with senior staff. The safeguarding policy was accessible to staff and information with local numbers of the safeguarding team were available to staff at all times. Staff meetings also provided a forum for safeguarding to be a regular topic.

Risk management ensured people maintain their independence and freedom but also protected their rights. The deputy manager told us; "I want people to have the best life possible". The registered manager told us that they had introduced behaviour charts for several people and through the use of these charts had been able to identify triggers for the person's seizures and this had enabled them to provide improved care and support. It had also given information to health care professionals who also supported the person. We were also told how identifying triggers for another person who found communication difficult had resulted in staff having a better understanding and being able to anticipate when they might through their communication trigger a particular behaviour and therefore avoid it.

There was enough staff to meet people's day to day needs and wishes. Five care staff were on each day shift, two activity staff and two household staff. There was two staff on duty each night. People told us there were always staff around when they needed them. One person told us; "I don't feel rushed by staff, I am able to go at my own pace". We saw staff supporting people with walking aids when they became unsteady. For example, one person had started to walk without their aid. The member of staff, without making a fuss, ensured they had the equipment they needed.

The provider followed safe recruitment practice. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people started work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Medicines were managed safely. At midday the member of staff responsible for administering medicines wore a tabard which made it clear they should not be disturbed while giving out medicines. We could see that this was respected by other staff. The member of staff told us they had been trained to give out medicines and had their competency checked. Their practice was very methodical and precise. For example, when giving one person their medicine, they ensured the medicine's trolley was locked before they approached the person they sat beside them and discussed the medicine they were about to give them.

Once the medicine had been given they returned to the trolley to sign the medication administration record (MAR).

Is the service effective?

Our findings

People told us; "The food is very good". Another person told us; "I get time on my own away from everyone when I need it."

Staff had the skills and experience to meet people's needs. The staff team had a mixture of experienced staff and newer staff and there was at times agency staff on a shift. This mixture of staff skills and knowledge worked well and people told us they were supported. Staff attended Equality and Diversity training as a part of their induction process. They were aware of the importance of treating everyone in a non-discriminatory way. Staff we spoke with recognised people's individual preferences and routines that were important to them. Staff told us they felt confident supporting people with specific conditions and they told us additional training had been arranged to develop their knowledge.

Staff were supported through induction, supervision, appraisal and training to meet people's needs effectively. There was a staff training plan which indicated the core training expected such as communication, moving and handling and Mental Capacity Act. The registered manager had an overview of this and knew exactly who required this training and when. The registered manager told us that when they first started they completed appraisals with each member of staff to give them an understanding of each person's skills and knowledge and to develop objectives with them such as key worker role, specialist training, what they needed to do to develop skills as a senior member of the team. Staff told us that they were encouraged to develop their knowledge and valued the variety of training offered.

Staff understood the requirements of the Mental Capacity Act 2005. 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. Staff we spoke with understood their responsibilities and when we spoke with the registered manager they had arranged additional training to keep staff up to date and thinking about their role to meet the requirements of the Act.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. The deputy manager told us about the circumstance surrounding an application and the action taken to ensure they acted within the law. The information was clearly recorded and staff knew how to respond to the person in line with the decision making.

People were supported to eat and drink enough for their needs. Where risks had been identified for example if someone had swallowing difficulties action had been taken to ensure that all staff including those who

cooked the meals were aware of the Speech and Language Therapist(SALT) assessment. There was guidance in place for this person to ensure their food was fortified and fork mashed. There was also further guidance for staff on how to encourage the person to eat by having a small lunch and a larger dinner. There was also very specific guidance on how much thickener had to be added to all fluids. We saw that staff followed this guidance.

People were supported to have their health care needs met. Where people required specific guidance such as support from a dietician this had been sought and the guidance was available for staff to follow. People we spoke with told us they attended appointments with the support of staff. For example, one person told us they had an appointment at the hospital and that staff supported them to attend. another person told us when they were unwell staff ensured that they saw a doctor.

Is the service caring?

Our findings

People told us; "staff are very good,". Another person told us; "staff are really kind". Throughout the day we saw staff sharing activities and conversations, there was mutual respect and obvious acts of kindness. Staff sat in quiet conversation with someone when they were visibly upset. Staff made people drinks and suggested activities they might enjoy, when they seemed unsure what they wanted to do.

People were treated with kindness and compassion. For example, staff were thoughtful when supporting people during the day. One person was reluctant to be supported, staff took time to listen without putting the person under pressure. They made suggestions about where the person might like to sit and then respected their decision when they left the room.

Staff showed concern for people's wellbeing. For example, one person had been spending time in their room and as staff passed by the door which was open they called in to check everything was alright. A member of staff told us they had a particular bond with one of the people living in the home, they said this was because they had common interests and were able to discuss them.

People's privacy was respected. Staff respected people's personal space, so they knocked on doors asked them if they needed support in a discreet way. People told us they valued their private space and were able to decorate the room as they wished. One person told us that the colours in their room were important to them and they liked that everything matched.

People felt supported to express their views and felt their concerns were listened to and acted on. People told us that they were able to talk about any concerns they had with staff they trusted. One person told us they would speak with the deputy manager if they had worries. People were able to access advocacy services if they needed them and information was available on the notice board. One person told us; "The(staff) are marvellous if you have a worry they always have the time to listen".

Is the service responsive?

Our findings

People told us; "Staff know me really well". Another person said; "I am able to be myself even when I am sad."

People were supported to have care plans that reflected their needs as well as their wishes and life style choices. Care plans contained details of how people liked to be supported including information about how to support them if they needed to be moved safely. People knew what their care plans said about their health and wellbeing. One person told us: "I know what staff write about me in my care plan". Care plans reflected people's personal history, family connections and strengths.

People were supported to participate in activities which interested them. We spoke with a member of staff who told us; "It is a privilege to work with people". Throughout the home people's art work was on display and they were involved in decorating the lounge area depending on what time of year and what activities they were involved in. During the afternoon some people chose to watch a movie. One person said "we have seen it before but we love it". During the film a member of staff accidentally pulled out the wrong plug and this meant the film had to start from the beginning there was a great deal of laughter and people joking with the person that it wasn't the first time they had done that. There were four activity staff who arranged outings and activities that met people's individual needs such as flower arranging as well as group activities such as going to see a film.

People were supported to maintain relationships important to them. For example, one person told us that they visited their family regularly with staff support. We also spoke with one person who told us how much they valued their relationship with the member of staff. They told us how much this meant to them that they had a shared interest and could talk about it together. One person told us that staff ensured they had regular contact with friends.

The provider ensured people had the equipment and support they needed to maintain their independence. People living at Alexandra care centre had equipment to support their independence such as wheelchairs, walking aids and hoists. This equipment was well maintained to ensure people's personal safety.

People were able to express their concerns about the service. There was a complaints policy and procedure in place which people were aware of. People told us that they would feel confident talking to any member of staff if they were unhappy. The registered manager kept a log of all concerns and noted the outcome the person wanted and the action taken.

Is the service well-led?

Our findings

Not everyone was able to tell us if they thought the service was well-led but they were able to tell us about the staff and the registered manager. People's comments included; "I like the manager", "I can talk to staff", "I like living here". One person told us "(The registered manager) has really turned this place around."

The registered manager told us they were actively working to develop the person centred culture. The registered manager told us "this home has the potential to offer such a difference to people." work had started on developing the care plans so they were more personalised.

The registered manager had an awareness of the culture within the home and a clear plan on how this would be developed to enable openness and transparency. For example, the registered manager was aware that an agency worker was finding the shift difficult and addressed this by giving them an activity they were comfortable with. They also were going to feed this back to the agency. The registered manager told us that they worked with the provider and had their full support to develop the care philosophy at the home and develop the skills and knowledge of the staff team.

The management team enabled open communication with staff and people using the service. A recent staff meeting acknowledged that staff had worked well as a team through a difficult time and thanked them for their strong teamwork. The management team were passionate about improving the service and knew where work needed to be done to improve the environment for people. The registered manager told us; "I know the communal space is not big enough for people with wheelchairs to use with ease. We have a plan to extend but it is not ready for approval yet."

The management team understood their responsibilities to develop and improve the service through communication with staff, people using the service, relatives and professionals. The registered manager and deputy had a plan to develop the expertise in the home and encourage staff involvement. The registered manager told us it was unclear what some of the staff roles in the home meant. For example, did staff become senior because of their experience skills and knowledge or because they had worked in the home a long time. The registered manager wanted to make these roles and responsibilities clearer for people.

The registered manager had a plan which ensured that all staff at all levels understood their role, responsibilities and the expectations of the service to put people at the centre of the service. Through one to one supervision, training and meetings the registered manager was developing the culture and value base of the staff team. The registered manager acknowledged this would take time. The registered manager told us that some staff took breaks in the communal areas of the home which limited the space for the people who lived there. The registered manager told us they had plans to change this way of working and taking breaks as this way of working did not consider the wishes of people living in the home.

There were systems in place to ensure accountability for all staff at all levels for their performance and actions. The deputy manager told us that they regularly dropped into the home unannounced. they did this to check staff were working in accordance with the expectations of the provider and management team. The

registered manager told us they had taken control of the maintenance work schedule so they had a better overview of the work needing to be completed in a timely way.

Quality assurance systems were used effectively to monitor improvements. The registered manager told us about improvements such as the new policy and guidance for supporting people who were diabetic and supporting people with epilepsy. The registered manager told us there had been no guidance in place to support staff previously. People's views were actively sought and compliments were kept in a file. For example, someone whose relative had been in the home for respite had left positive feedback on a website. The audits which were completed were meaningful because when issues such as poor recording of information were picked up this was addressed with the staff directly to improve their understanding and ensure they understood the expectation of the provider.