

Logini Care Solutions Ltd

Alexandra Nursing & Residential Home

Inspection report

Doncaster Road
Thrybergh
Rotherham
S65 4AD

Tel: 01709850844

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27 July 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced, and took place on 27 July 2018. The location was previously last inspected in August 2017. At that inspection concerns were identified in relation to the condition of the premises, and the overall rating was "requires improvement." We told the provider that they needed to take steps to address this breach of regulation, and they supplied CQC with an action plan setting out what they would do. At this inspection we found that the provider had made considerable improvements to the premises.

Alexandra Nursing and Residential Home 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.

Alexandra Nursing and Residential Home is in the Thrybergh suburb of Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links. The home accommodates up to 47 adults with both nursing and residential care needs. At the time of the inspection, 39 people were using the service.

At the time of the inspection, the service had a registered manager. 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 and associated Regulations about how the service is run.

At the last inspection in August 2017, the service was rated Requires Improvement. At this inspection we found the service still Required Improvement. We found that the provider's arrangements in for obtaining and acting in accordance with people's consent did not meet legal requirements. We also found that although there was an audit system in place, but it did not always identify shortfalls in service provision.

During the inspection we found staff were kind and warm in their interactions with people, and people experienced care which met their needs from staff who understood them well.

Staff understood their responsibilities in relation to safeguarding, and had received appropriate training.

Medicines were safely managed, and there were suitable risk assessments in place to protect people from the risk of harm.

People told us there were plenty of activities at the home, and said they enjoyed day to day life there.

The provider managed complaints appropriately, however, changes were required to the provider's complaints policy so that complainants understood how to make complaints to the correct bodies.

People experienced a good standard of nutrition and hydration, and told us they enjoyed the meals at the home.

Staff received a good level of training which they told us supported them in carrying out their role.

There was a registered manager in place, and most staff told us they felt supported by senior staff and the registered manager.

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 understood their responsibilities in relation to safeguarding, and had received appropriate training.

Medicines were safely managed, and there were suitable risk assessments in place to protect people from the risk of harm.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The arrangements in place for obtaining and acting in accordance with people's consent did not meet legal requirements.

People experienced a good standard of nutrition and hydration, and told us they enjoyed the meals at the home.

Staff received a good level of training which they told us supported the in carrying out their role.

Is the service caring?

Good ●

The service was caring.

Staff were kind and warm in their interactions with people, and people experienced care which met their needs from staff who understood them well.

Is the service responsive?

Good ●

The service was responsive.

People told us there were plenty of activities at the home, and said they enjoyed day to day life there.

The provider managed complaints appropriately, however, changes were required to the provider's complaints policy so that complainants understood how to make complaints to the correct bodies.

Is the service well-led?

The service was not always well led.

There was an audit system in place, but it did not always identify shortfalls in service provision.

There was a registered manager in place, and most staff told us they felt supported by senior staff and the registered manager.

Requires Improvement 

Alexandra Nursing & Residential Home

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 was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out on 27 July 2018 and was carried out by an adult social care inspector.

During the inspection we spoke with staff, the nominated individual and the registered manager. We spoke with people who were using the service to gain their views and experiences of receiving care at the home as well as a visitor. We checked people's personal records and records relating to the management of the home. We looked at team meeting minutes, training records, medication records and records of quality and monitoring audits.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to eat and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) over the lunch period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Prior to the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Is the service safe?

Our findings

When we inspected the home in August 2017 we identified concerns in relation to the condition of the premises. We rated the home as "requires improvement" for this domain. At this inspection we found improvements had been made and an ongoing programme was in place.

We asked two people using the service whether they felt safe when receiving care at Alexandra Nursing and Residential Home. They both confirmed that they did. One said: "The staff do what's required to make sure we're safe. For example, with lighters, for those of us who smoke, some of us are ok with lighters and so we keep them ourselves, others get confused or whatever and so the staff look after their lighters and they help them when they want to smoke. It's simple things like that that mean I know they're keeping us safe; they're always looking out for our safety."

We looked at six people's care records to check whether there were systems in place to assess and manage risks that people may be vulnerable to or may present. There were risk assessments in place in five of the six of the care plans we looked at, which considered all the risks that people may present or be vulnerable to. They were sufficiently detailed to ensure that staff understood what steps they needed to take to ensure people were cared for safely. We asked a staff member about the risks that one person may be vulnerable to and they demonstrated a good understanding of what action was required to maintain the person's safety. The risk assessments we checked were regularly reviewed to ensure they remained suitable to each person's needs. One person had begun receiving a service at the home a month prior to the inspection. Their file did not contain adequate information about how to manage risks. We raised this with the registered manager and told them that this should be completed as a matter of priority, to ensure that the person could be cared for safely.

We looked at whether there were enough staff to meet people's needs. There were eight care workers or senior care workers on duty during the inspection, in addition to a qualified nurse, an activities coordinator and ancillary and administrative staff. This staffing complement meant that whenever people needed assistance staff were on hand quickly. When call bells were activated staff attended promptly, and during the Short Observation Framework for Inspection (SOFI) we noted that there were rarely any occasions when people in communal areas were not within sight of staff. However, following the inspection a member of staff contacted CQC to say that some of these staff had been asked to attend once the inspection commenced to give the home an impression of a higher staffing ratio and alleged that staffing numbers are often lower than this.

We observed staff undertaking moving and handling tasks to enable people to move around the home. We saw that staff did this safely, ensuring that equipment was used correctly so that people could be supported in a safe manner.

We spoke with staff about their knowledge of safeguarding procedures. They confirmed that they had received training in this area, and could describe the appropriate steps to take should they be concerned about suspected abuse. Staff files confirmed this, and there was information about safeguarding on display

within the home, reminding staff of their responsibilities. Records showed that the provider had taken appropriate action when dealing with suspected abuse.

There were appropriate arrangements in place for ensuring the safety of people using the service in emergency situations. This included personal evacuation plans for each person in the case of a fire, and in most of the files we checked the provider had completed information about each person to be used in case of them going missing from the premises.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. Each medication record we checked included photographs of the person to reduce the risk of administration errors. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

People's medication records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, often known as "PRN" medication, there were details in their files about when this should be used. This included a description of what the outcome of administering the medication should be.

Recruitment procedures at the home had been designed to ensure that people were kept safe. All staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees. We checked a sample of five staff members' personnel files, and found that appropriate pre-employment checks had been undertaken, although many staff had been employed by the previous provider at the home, transferring their employment to the current provider when they took over the service in December 2015. We checked policies and procedures relating to recruitment and saw that they supported safe recruitment practices.

We looked at the arrangements for the prevention and control of infection at the home. We spoke with a staff member about infection control and they were able to describe appropriate practices, and our observations showed that staff routinely ensured the risk of infection was well managed. The premises had undergone a programme of improvement to ensure that it could be cleaned to a hygienic standard, although the programme had not yet been fully completed meaning that some areas were still to be addressed. Both the registered manager and the registered provider had a good understanding of this and could describe the next steps to be taken. The registered manager undertook a comprehensive infection control audit every six months, so that any shortfalls could be identified and addressed.

Is the service effective?

Our findings

When we inspected the location in August 2017 we rated them "good" for this domain. At this inspection we found this had deteriorated to "requires improvement."

We observed lunch taking place in the dining rooms. The rooms were well set out, with tablecloths and flower vases on each table, and the food appeared to be appetising. There was a photographic menu so that people living with dementia understood what choices were available, and when staff asked people about their choices they took time to ensure people understood what options there were. We noted that the atmosphere around the dining rooms was a little noisy as staff were bustling in and out of the rooms and calling to each other about what tasks they were undertaking. This was not done in a way that impacted on people's dignity and was not disrespectful to people, but we found it did not contribute to a pleasant atmosphere. We discussed this with the registered manager and they told us they would carry out observations and consider what steps could be taken to improve this.

We saw that when people needed assistance they were provided with it, and staff did this in a discreet and patient manner. People had been offered a choice of meals and everyone we spoke with told us they enjoyed their food. One person said: "The food is really good, I've never been given anything I don't want, and if you don't want what's on the menu they'll make you something else." Another person told us about their breakfast, saying: "Two pieces of toast, two cups of lovely tea, perfect!"

We looked at six people's care records to look at how people's food and drink needs were managed. There were assessments of people's risk of malnutrition and dehydration and we found that these had been completed frequently. Where people were at risk of malnutrition or dehydration the provider had taken appropriate steps to ensure this risk was managed.

We looked at how the provider complied with The Mental Capacity Act. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager knew how many people were subject to DoLS, and we saw that where a DoLS authorisation had been subject to conditions there were records in place to ensure the conditions were complied with.

We checked three people's files in relation to decision making for people who are unable to give consent. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. We found that improvements were required in this area. The provider had undertaken in depth assessments of people's capacity to make decisions, but then, where

it had been concluded that the person lacked capacity, the guidance of the MCA Code of Practice had not been adhered to, meaning that not all relevant people had been consulted and decisions had not been checked to ensure they represented the least restrictive option. We advised the registered manager and the registered provider of our concerns in relation to this, and they told us they would undertake a programme to revisit this area and ensure decisions were appropriately made.

Staff told us they felt they had received sufficient training to do their job well, and told us training was delivered in a combination of classroom training and online learning. Some staff told us that they weren't always comfortable with the online learning format. The registered manager told us they were aware of this and were increasing the availability of classroom training to better meet the needs of some staff.

Is the service caring?

Our findings

When we inspected the location in August 2017 we rated them "good" for this domain. At this inspection we found they remained "good."

People spoke highly of the care they received at Alexandra Nursing and Residential Home. One person said: "They are smashing, you couldn't ask for better." Another said: "They are all very very good, nothing's too much trouble, ever."

We carried out observations of people being cared for in the home, using the Short Observation Framework for Inspection (SOFI.) SOFI is a way of assessing the experience of people who cannot always communicate their opinions and views with us. Using SOFI we found that people experienced care from staff who were warm and engaging in their interactions with people. Staff spoke to people in a respectful and kind manner, ensuring their dignity was upheld. One staff member said to us: "Care work is about treating them as you would your own, I would want people to be respectful if it were my [relative] being cared for, so that's how we are." Another staff member, who indicated that there were aspects of the service they were unhappy about, nevertheless said: "The staff, they are lovely."

During the SOFI we noted that, due to the high number of staff on duty, which we were told by one staff member wasn't the normal day to day ratio, staff had time to sit and chat with people, and we saw this was done in a meaningful way throughout our observations. Staff initiated conversations about people's families, their wellbeing and various news items. Some staff sat with people looking through magazines with them, using the contents of the magazine to stimulate conversation. Staff did this in a skilful and person centred way.

When staff undertook care tasks they did so in a manner which upheld people's dignity, ensuring that they explained any care tasks they were going to carry out, and making sure the person understood why they were doing this. When staff needed to speak with each other about a person's care needs they did this in a discreet way, so that people's privacy was respected. Three staff had been designated as dignity champions, and there was information on display in the home about dignity and the importance of working in a person centred way.

Is the service responsive?

Our findings

When we inspected the location in August 2017 we rated them "good" for this domain. At this inspection we found they remained "good."

The home had a dedicated activities coordinator who was on duty during the inspection. People using the service told us that there was plenty to do, including both the formal activities and more informal ad hoc activities. One person said: "I like it when we play bingo, there's little prizes and sometimes I do really well out of it." Another said: "I've liked all the things we've done here, I like it when we go out." There was a game of bingo during the inspection, and the registered manager showed us an area of the garden where people using the service had begun to grow their own vegetables.

We checked a sample of six care records to check whether they were fit for purpose and sufficient to support good care. We found that records on the whole were detailed, and provided a good underpinning knowledge for staff when providing care. Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Where required, changes were made to people's care as a result of these reviews.

We looked at daily notes and recording charts and found that records showed care was being provided in the way people had been assessed as requiring. These notes were in sufficient detail so that when care was reviewed reviewers could gain an accurate picture of the care provided during the review period.

We looked at whether the provider was making appropriate referrals to external healthcare professionals when required. We found that these were taking place as appropriate and we observed staff supporting visits by district nurses and other healthcare professionals during the inspection. People's care records contained details about such visits and information about any follow up action that staff were required to take.

People's files contained information about their end of life wishes. This was, when people had chosen to discuss this, detailed and tailored to each person's individual choices. This included information which respected their cultural and religious beliefs, and information about other personal preferences that they may wish to be reflected as required.

There was information about how to make complaints available to people using the service and their friends and relatives, and people we spoke with told us they would feel confident in making a complaint should they feel the need to. We looked at copies of recent complaints and found they had all been thoroughly investigated. We did note, however, that the complaints policy, and information about complaints in the provider's Statement of Purpose, directed complainants to the wrong route of external remedy. We had raised this matter in the inspection report of August 2017, but the provider had failed to act on it.

Is the service well-led?

Our findings

When we inspected the location in August 2017 we rated them "requires improvement" for this domain. At this inspection it remained "requires improvement."

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required by a condition of its registration. People told us they liked living at the home and felt it was well run. They said they saw the registered manager regularly and felt they were approachable and listened to their views. One said: "You can get hold of her whenever you want, we normally have a laugh." The registered manager was supported by a team of senior staff and nursing staff, and also a clinical lead.

We asked staff whether they felt supported by management in the home. Most staff told us they did, and said that managers were accessible to them. One said: "[The registered manager] is really approachable, any issues at all and she's there for you." However, another staff member contacted CQC after the inspection saying that they did not feel supported by either the registered manager or the registered provider. During the inspection we noted that the registered manager was frequently walking around the home, and appeared to know people using the service, their relatives and staff extremely well.

We looked at how the registered manager, and the registered provider, communicated with staff. We saw that the registered provider had attended team meetings, and regular supervision took place where staff could discuss their performance, training needs and any concerns or issues. Staff we spoke with told us they found supervision useful. One staff member said: "They don't keep you in the dark, we do know what's happening around the home, it's a good team and the managers are good." However, another staff member told us they did not feel supported by either the registered provider or the registered manager. We asked a member of nursing staff whether they received clinical supervision. They told us they did not receive this on a formal basis, instead saying they relied on external healthcare professionals to discuss clinical issues. However, the registered provider told us that clinical supervision was part of the clinical lead's role and told us they would check this.

We looked at the arrangements for monitoring the quality of the service provided. There were a range of audits in place, which were mostly thorough. The audits we checked contained action plans whenever shortfalls were identified, with subsequent audits checking that actions had been completed. We had noted a small number of shortfalls in care plans, and saw that care plans had not been audited with the frequency that other aspects of the service had been audited. We raised this with the registered manager, who told us that they would increase both the frequency and depth of these audits.

In addition to individual audits looking at specific aspects of the service, there was an overall audit document which was intended to check the quality of the service provided, measuring it against CQC's five key questions of safe; effective; caring; responsive; and well led. Following the inspection the registered manager provided us with a completed copy of this audit, however, it had failed to recognise that some areas raised at the last inspection had not been addressed.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. We noted that this document did not contain all the information that the regulations state must be in it. We had raised this in the inspection report of August 2017 and the then registered manager assured CQC the matter would be addressed. However, this had not been completed. We also saw that issues we had raised during the last inspection in relation to the provider's complaints procedures not meeting requirements had also not been addressed. This meant the provider had not acted on the report of the previous inspection.