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Alexandra Lodge Care Home

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

Alexandra Lodge 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 Lodge is registered to accommodate 19 people in one building. There are two floors. On the ground floor there is a large communal and a smaller dining area. There is a small garden that people can access. At the time of our inspection 11 people were using the service. This is the first inspection under this registration.

The service did not have a registered manager as this is not required as they are the sole provider. 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 they felt safe and staff knew how to recognise and report potential abuse. Risks to people and the environment were identified and managed in a way to keep people safe. There were enough staff available to meet people's needs and the provider ensured their suitability to work within the home. Medicines were managed in a way to protect people from the risks associated to them. There were infection control procedures in place and these were implemented throughout the home.

When people were able to consent, capacity assessments had been completed and decisions had been made and recorded in people's best interests. When people were being unlawfully restricted, this had been considered and application to the local authority had been made.

People were offered a choice of food and drinks and enjoyed what was available. When needed people had access to input from health professionals. People and relatives were happy with the staff. They were able to make choices about their day and encouraged to be as independent as possible. People enjoyed the activities offered. Friend and families were free to visit when they chose. Staff knew people well including their likes and dislikes and people received care in their preferred way. People's cultural needs had been considered.

Quality monitoring checks were completed to bring about improvements. The provider sought the opinion of people and relatives to bring about positive changes. People knew who the manager was and felt they were approachable. If people wanted to complain they were confident this would be dealt with. The provider had a system in place to ensure that when things went wrong, lessons were learnt. They also understood their registration responsibilities and notified us of any significant events that occurred within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people and the environment were considered. There were enough staff available for people. Medicines were managed in a safe way. Staff understood safeguarding and procedures were in place. Infection control procedures were in place and followed. When needed lessons were learnt and improvements made.

Is the service effective?

Good ●

The service was effective.

People's capacity had been assessed and decisions made in people's best interests. Staff received an induction and training that helped them support people. People were supported with meal times and to access health professionals when needed. The home was decorated in accordance with people's choices and needs.

Is the service caring?

Good ●

The service was caring

People were supported in a dignified way. People were happy with the staff that offered them support. People were encouraged to remain independent and make choices. People's privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and they received care that was individualised. Peoples like and dislikes were considered alongside their cultural needs. People were given the opportunity to participate in activities they enjoyed. People and relatives knew how to complain.

Is the service well-led?

Good ●

The service was well led.

Staff, people and relatives had the opportunity to raise concerns and felt listened to. When improvements within the home were needed, the relevant action was taken. The provider understood their registration responsibilities.

Alexandra Lodge Care 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 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 visit took place on the 24 May 2018 and was unannounced. The inspection visit was carried out by one inspector. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with three people who used the service and four relatives or friends. We also spoke with one member of care staff, the cook, the kitchen assistant, a visiting professional and the business support coordinator. We also spoke with the manager who is also the sole provider.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People were safe. One person said, "Yes, I feel safe here." A relative commented, "I have no concerns about safety, they are very safe living in the home and very well looked after". We saw when people needed specialist equipment it was provided for them. For example, some people needed to be seated on pressure cushions or have specialist mattresses on their beds to support them with pressure relief. We saw this equipment was used within the home in line with people's risk assessments. Records we looked at confirmed this equipment was maintained and tested to ensure it was safe to use. The provider had other equipment within the home such as a hoist, although no one was using this equipment at the time of our inspection, this had continued to be maintained to ensure it was safe to use. This demonstrated that people were supported in a safe way.

Risks to people were identified and managed to ensure people were protected from avoidable harm. For example, when people were at risk of falling, we saw risks assessments were in place. When incidents had occurred within the home action had been taken to minimise the risk of this reoccurring. Risk assessments had also been reviewed to reflect any changes that had been made to the persons care. We saw plans were in place to respond to emergency situations. These plans included guidance and support should people need to be evacuated from the home. The information recorded in these plans was specific to individual's needs and risks. Staff we spoke with were aware of these plans and the levels of support people would need in this situation.

Following a number of falls that had previously occurred within the home, the provider had reviewed this information to ensure that lessons had been learnt. We saw for previous months falls had occurred within the home. The provider told us and staff confirmed that a member of staff was now present at all times in the communal areas, this was where all the falls had occurred. We saw that during our inspection a staff member was present in this area at all times. Records we looked at showed us that since this had been implemented, no further falls had occurred within the home. A staff member said, "It's much better, people are much safer now. We can respond much quicker".

When risks to the environment had been identified, risk assessments were in place while changes were made. For example, the provider was covering radiators within the home. Most of this work had now been completed. However, while the work was finalised, a risk assessment had been put in place to ensure the risks to people were minimised. We also saw the provider completed checks on legionnaires and water temperatures within the home.

Staff knew what constituted abuse and what to do if they suspected someone was being harmed. A member of staff said, "It making sure people are safe and in safe hands". The staff member continued, "I would report any concerns to the manager they would definitely take action". We saw procedures for reporting safeguarding were displayed around the home. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

There were enough staff available and people did not have to wait for support. One person said, "The staff are lovely they are always here if I need them". A relative confirmed there were enough staff available for people. We saw that when people needed support, staff responded in a timely manner. For example, we saw one person pressed their buzzer to seek assistance. Staff responded to this promptly and offered support to the person. A new call bell system had recently been introduced within the home. The provider told us they were in the process of working with the company so they could print off the call bell times. They told us they would complete an audit of this to ensure people were supported in a timely manner. The provider had a system in place to ensure there were enough staff working within the home and told us they had the flexibility to increase staffing levels if needed.

We saw and people told us, they received their medicines as required. One person said, "The staff do my tablets not a problem". We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines safely, to ensure people were safe from the risks associated to them.

There were infection control procedures in place and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them. We saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food. The provider also completed an audit in relation to infection control and when needed, action was taken to make improvements.

We spoke with staff about the recruitment process. One member of staff said, "Before I started I had to wait for all my checks to ensure I was the right person to be able to work here". We looked at two recruitment files and saw pre-employment checks were completed before staff started working within the home. This demonstrated the provider completed checks to ensure staff were suitable to work within the home.

Is the service effective?

Our findings

Staff received an induction and training that helped them offer support to people. One member of staff who had recently started working at the home told us about their induction. They said, "I had a good induction. I completed training such as health and safety and safeguarding. I then had the opportunity to work alongside the other staff so I could get to know the home and the people that lived here". They also told us about additional training they had received since starting. "We have had other training like falls prevention, this was good as a lot of people were falling. We had a booklet that we had to work through so it really made you think". We saw that staff's competency was checked annually, for example when they were administering medicines. This demonstrated staff received training that was relevant to meeting people's needs. The business coordinator told us how they had implemented the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. They said that all new starters would complete the care certificate as part of their induction.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation. For example; when people had specific medical diagnosis such as asthma we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies including the NHS guidance for the staff team.

People enjoyed the food and were offered a choice. One person said, "It's lovely". At breakfast and lunchtime we saw people were offered a choice and had a range of different meals. Throughout the day people had cold drinks available to them and hot drinks and snacks were offered. At mealtimes the kitchen assistant and cook offered support to people. They had received the same training as the care staff including supporting people who had specialist diets. Records we looked at included an assessment of people's nutritional risks. When people needed specialist diets such as for diabetes or a soft diet we saw this was provided for people in line with recommendations.

People had access to healthcare professionals when needed and their health was monitored within the home. We saw documented in people's notes and the provider confirmed that the GP, chiropodist and dentist visited the home when needed. Records we looked at included an assessment of people's health risks. We saw when these risks had been identified people's health was monitored. For example, when people were nutritionally at risk and fluids and food needed to be monitored. People were also weighed and any concerns were recorded and reported so action could be taken. When needed we saw referrals had been made to health professionals; for example, we saw referrals to district nurses had been made to support with pressure care. We spoke with a visiting health professional during our inspection. They told us they had no concerns within the home and told us the home worked closely with their team to deliver care and support to people.

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 or 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).

We checked to see if the provider was working within the principles of the MCA. When people lacked capacity to make decisions for themselves, capacity assessments had been completed. These covered areas such as medicines and day to day treatment. We saw for each area that had been assessed, best interest decisions were in place. We found some areas where capacity assessments had not been completed, for example bed sensors; however the provider had identified this as an area of improvement and was in the process of completing these assessments with people. The provider had considered when people were being unlawfully restricted and a DoLS application to the local authority had been made. Staff demonstrated an understanding of this area. One staff member said, "It's about getting consent from people, we may have to do that with other people who are important to the person if they cannot make the decision for themselves". This meant the principles of MCA were followed.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. When people sat in a specific area within communal areas they also had pictures of their relatives close to them. Some people also had a sign with their name on above their bedroom door and a picture of reference. The home had signage throughout indicating where the bathroom and the lounge areas were. There was a garden area that people could access and people and records confirmed to us this had been used during the recent sunny weather.

Is the service caring?

Our findings

People and relatives were happy with the staff and the support they received. One person said, "They are wonderful". A relative said, "I can't ask for anymore, the home and staff are all excellent. Bless the day I found the place". Throughout the day we saw staff stopping to talk to people as they passed. Staff were laughing, joking and dancing with people. The atmosphere was friendly and relaxed. We observed people were supported in a kind and caring way in a relaxed and friendly manner. For example, when one person was upset, a staff member knelt down next to the person holding their hand and offering them reassurance until the person became calm.

We saw that people's privacy and dignity was promoted. Staff spoke to people in a discreet way and when people were having personal care they went to the bathroom or their bedroom and the doors were closed. Staff gave examples how they used this to support people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. We saw staff doing this during our inspection. When people needed interventions from visiting health professional they went to private areas so this could be carried out. This demonstrated that people's privacy and dignity was upheld.

People's independence was promoted. One relative told us, "It is very surprising how independent they still are. I think that is down to the staff. They are there to offer assistance when needed, I like that". We saw that people were encouraged to walk around the home independently with their walking aids and minimal assistance was offered by staff. The care plans and risk assessments we looked at demonstrated the levels of support people needed. This demonstrated people were supported to maintain their independence.

People told us they made choices about their day. One person said, "I am okay in bed its more peaceful". We saw there were two separate areas within the communal lounge and people chose which one to spend their time in. One person said, "I prefer it in here as it's much quieter". We saw staff offering people choices about where they would like to sit and what they would like to do.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said "Yes it's all good. We come anytime they are always welcoming. They provide us with an area that is quiet and that's nice". Another relative told us they could visit any time and commented, "I've always been made welcome". We saw relatives and friends visited throughout the day and they were welcomed by staff.

Is the service responsive?

Our findings

Staff knew people well. A relative said, "They know my relation so well. They know what they like and what they don't like. They know every little thing". Staff told us they would find out information about people from their care plans and risk assessments as well as from other staff, handover and talking to people. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support. The kitchen staff also knew people well and were able to provide us with information about people. For example, that one person only liked chicken and fish. The provider had considered people's cultural and spiritual needs and information was gathered from people as part of their pre-admission assessments. Information was displayed around the home in different formats, including pictures. The business coordinator explained how they would be implementing the accessible information standards within the home and were considering this individually for people.

People were given the opportunity to participate in activities they enjoyed. Staff offered people the opportunity to participate in activities throughout the day. We saw some people were completing exercise and others were playing skittles. Some people were watching the television or listening to music of their choice. Displayed around the home were pictures of activities people had participated in. There was an activity planner in place for the next few months which gave details about what was going on in the home for people to participate in. This included a garden party and a goose fair. This showed us people had the opportunity to participate in activities they enjoyed.

People and relatives knew how to complain. One person said, "I would speak with staff". A relative said, "I would talk with staff or the manager, I have no reason to complain". The provider had a policy procedure in place to manage complaints. No formal complaints had been made. The feedback the home received from people and their relatives was positive. For example, they were happy with the staff and the support people received.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Is the service well-led?

Our findings

Staff and relatives told us the manager provided support when needed and they were approachable. One member of staff said, "They are very approachable, I can go to them with anything. It's a really nice place to work". A relative told us, "All the staff are great. The manager is always around and she always comes and talks with us". The provider understood the responsibilities of registration with CQC and notified us of important events that occurred in the service, which meant we could check appropriate action had been taken. Staff told us they had meetings where they had the opportunity to raise any concerns. Staff felt they were listened too and if changes were needed then the provider would take action. One member of staff told us, "As we are such a small team we talk all the time". We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about this and said they would be happy to do so. This demonstrated if staff raised concerns they felt they were listened to.

People and relatives were happy with how the home was run. One person said, "I love it here". A relative told us, "I have never had any concerns or complaints, only compliments. The staff are good they know my relation really well". The provider told us how they had introduced a business coordinator to help support with the running of the home. They told us this had helped with the documentation and they had been able to offer support to improve quality within the home. The home had also recently won three awards at the local care home awards. One of these was 'Most improved care home of the year'.

Quality checks were completed within the home. These included monitoring of medicines, care plan reviews and equipment's checks. We saw when areas of improvement had been identified the necessary action had been taken. For example, we saw a medicines audit had been completed. It was identified that some improvements were needed so that medicines were dated when they were opened. We saw an action plan had been put in place and this had now been completed.

People and relatives had the opportunity to complete surveys relating to the service and attend meetings. The feedback the provider had received from relatives and people was positive. We saw there was a suggestion box within the home and when suggestions had been made, actions had been taken to consider these. For example, relatives had spoken positively about a day trip so the provider had arranged for this to take place again this year.

We saw the service worked in partnership with other agencies, for example a local health team visited the home each day. They told us the home communicated well with them. They also commented that they had staff available to offer support to them when needed and were able to deliver care under their instructions.