Bondcare (London) Limited

Alexander Court Care Centre

Inspection report

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Essex
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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:
Alexander Court Care Centre is a care home that registered to accommodate up to 82 people across five separate units, each of which have separate adapted facilities. Three of the wings specialise in providing care to people living with dementia. The home provided personal and nursing care to 76 people, aged 65 and over, at the time of the inspection.

People's experience of using this service:
The provider had made improvements since our last two inspections. The home provided more person-centred care to people and people's consent to care was now being obtained. People were provided their medicines as prescribed. There were safer systems in place for the storage, administration and management of medicines. There were more effective governance systems to ensure the home was being managed to a good standard.

People spoke positively about the care and support they received. They felt safe using the service. Staff had a good understanding of what constituted abuse and how to report any concerns to keep people safe.

Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe. Accidents and incidents in the home were reviewed to learn from any lessons. However, we have made a recommendation around supporting people with behaviour that may challenge because records did not always indicate how staff supported them following incidents, to minimise re-occurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported with their nutritional needs and had choices with meals. People had access to health care professionals such as GPs, when required.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. People's independence was promoted.

Staff understood people's needs, preferences, and what was important to them. Staff had developed positive relationships with the people they supported.

People were supported to engage in meaningful activities and pursue their interests, where they were able.

Care plans were person-centred and detailed people's support needs.
A complaints procedure was in place. People and relatives were supported with complaints they wished to make and the registered manager investigated them.

Staff were recruited safely and were supported with the necessary training and development to increase their skills. Staff felt supported by the management team and told us there was a positive culture.

There was a system in place to monitor the home and ensure consistent and good quality care was provided to people. The registered manager and provider demonstrated they were able to run the home effectively and were committed to making continual improvements to the home where required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
At the last comprehensive inspection on 28 February 2018 and 6 March 2018 the service was rated Requires Improvement (published 9 May 2018).
We carried out a focused inspection on 1 November 2018 (report published 18 December 2018) to follow up on specific breaches of regulations; safe care and treatment and good governance. We found improvements in the service but did not change our overall rating.

Previous breaches:
At the last comprehensive inspection, the service was in breach of two other regulations in relation to obtaining consent to care and providing person-centred care to people. We asked the provider to complete an action plan to show what they would do and by when, to improve. At this inspection, we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected:
This inspection was carried out to follow up action we told the provider to take at the last comprehensive inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

Alexander Court Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service; at this inspection, it was a person with experience of caring for someone with dementia.

Service and service type:
Alexander Court Care Centre 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.

The service had a manager registered with the Care Quality Commission.
This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced and took place on 16 May 2019.

What we did before the inspection:
We reviewed information we had received about the service from the provider since the last inspection, such as incidents and safeguarding alerts. We sought feedback from the local authority and professionals who

work with the service. We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our inspection:
We spoke with 12 people who used the service and seven relatives. We spoke with the registered manager, five care staff, four nursing staff, an area manager, one domestic staff, the head chef, the maintenance manager and an activity coordinator.

We reviewed a range of records. This included nine people's care records and medicine records. We looked at eight staff files in relation to recruitment and staff supervision and training records. We looked at records relating to the management of the service and the provider's policies and procedures .

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We contacted professionals who visited the service.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
•People told us they felt safe in the home. One person said, "I don't mind it here, they [staff] do make me feel safe." Another person told us, "I am safe." A relative commented, "Yes we are so pleased here, our [family member] is safe and well cared for. It's such a difference to the hospital. We are relieved."
•People were protected from the risk of abuse because the provider had safeguarding processes for alerts or concerns to be raised with the local authority.
•Staff understood their responsibilities to protect people from abuse and knew how to report concerns. A staff member said, "Abuse can be in many forms that can harm people. I will protect the resident being abused straight away and report it to the manager. I can also report to the CQC."

Assessing risk, safety monitoring and management
•The risks associated with people's care and support were assessed, and measures were put in place to ensure staff supported people safely.
•People with specific medical conditions such as diabetes, epilepsy, mobility conditions and infections had risk assessments in place. For example, one person was at risk of seizures and there was guidance for staff on actions to take if the person experienced a seizure. Another person used a flammable medicated cream and staff ensured the person was protected from fire risks.
•However, we noted that risk assessments for people that demonstrate behaviours that may challenge were not always consistent. Behaviour charts were not regularly reviewed and used to update risk assessments to identify potential triggers and de-escalation techniques for people.
•We discussed this with the registered manager who told us they would review people's risk assessments where this was applicable.
•People had personal emergency evacuation plans (PEEP) that advised staff on how to assist them to evacuate the premises in the event of a fire.
•Fire safety checks were undertaken on a weekly basis. The safety of the premises was maintained through regular maintenance and servicing checks of electrics, water and equipment. We saw that a gas safety check was overdue. The registered manager confirmed with us after the inspection that it was completed.

Learning lessons when things go wrong
•Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt. These were shared with staff in meetings.
•The registered manager gave us an example of how they learnt from a particular incident involving a person who tried to abscond. Their risk assessment was updated and actions were put in place to minimise the risk of re-occurrence.
•However, incident records involving people with behaviour that could challenge did not include the triggers associated with people's behaviour that led to the incident and what action had been taken to ensure the

person, other people and staff were safe. These records were not used to assess and update people's risk assessments.

We recommend the provider follows best practice guidance on supporting people with behaviour that challenged and assessing all risks to ensure staff were fully able to support them.

Staffing and recruitment
•The provider assessed the numbers of staff required on each unit. The registered manager told us there was a near full complement of permanent staff, with only one vacancy to be filled. Bank staff were used to cover absences and they were familiar with the home. This helped to ensure people needs were met by staff who understood them. A relative told us, "Yes, there is enough staff and they are very good."
•We looked at staff rotas and saw that the required numbers of staff were on duty. Some people received one to one support, meaning a staff member supported them throughout the day to make sure they were safe. We saw staff with them during our inspection and other staff took over when they were due breaks. There were enough staff to respond to people's call bell requests, which were placed by their bedsides.
•People's needs were met by a consistent staff team and the provider did not require agency staff. A staff member said, "Staffing is generally good and we are not rushed."
•People were protected by safe recruitment processes. Pre-employment checks, such as criminal record checks, nursing registrations and references were carried out to ensure staff were suitable to care for people in a safe way.

Using medicines safely
•The provider had systems to ensure medicines were stored, administered and disposed of safely. People told us staff supported them with their medicines and they received them on time. One person told us, "I take tablets every day and the nurse helps me. One in the morning and again in the evening. The nurse always explains and is careful and tells me what she is doing."
•Medicines were managed and administered safely by staff. Each unit contained its own medicine room that was managed by registered nurses.
•Medicines were stored safely in secured trolleys within the room and were kept at the recommended temperatures.
•Controlled drugs, which are medicines that are at risk of being misused, were stored securely, logged and managed safely.
•Staff recorded medicines that were administered to people in Medicine Administration Records (MAR). We saw these were accurate.
•Some medicines that are taken when needed or as required are known as 'PRN' medicines, such as those for pain relief. The provider had procedures for staff to follow for PRN medicines.
•Some people received medicines covertly, meaning they took them without realising, for example when it was mixed into their food. Appropriate authorisations to do this from a health professional were in place.
•Staff competency to administer people's medicines was continually assessed. This helped to ensure they maintained a good understanding of safe medicines administration.

Preventing and controlling infection
•Systems were in place to reduce the risk and spread of infection and staff used protective equipment such as gloves and aprons. The environment was clean, tidy and maintained daily.
•Anti-bacterial gel dispensers were available throughout the home. However, the home needed some modernisations because some of the flooring was heavily stained and some skirting boards had been worn down, making them difficult to clean. The registered manager told us that plans were in place for refurbishment of areas within the home over the next six months.

Good

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last comprehensive inspection, we found the provider had failed to ensure people had provided their consent to care and that this was obtained and recorded using the principles of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of Regulation 11.

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•The provider was now compliant in this area. The MCA and associated DoLS authorisations were applied in the least restrictive way and correctly recorded.
•Assessments of people's capacity and ability to make decisions followed MCA principles. Best interest decisions were made with the involvement of appropriate people, such as professionals and relatives. Where people had bedrails in place to keep them safe, their consent was sought and recorded.
•Staff had received training on the MCA and understood its principles. They requested people's consent before carrying out tasks and our observations confirmed this. One staff member said, "If a resident does not have capacity, there will be a meeting with managers and family."

Staff support: induction, training, skills and experience
•Staff were supported with training and an induction before starting their roles. Mandatory training included safeguarding, infection control and moving and handling.
•We found 95% of the staff had completed their required training. The registered manager told us that they were exceeding targets as the home's target for staff training was 85%. The registered manager told us they

ensured staff were regularly trained to keep their skills up to date.
•We viewed a training matrix. Some training had expired recently and we saw this was identified and refresher training had been booked. Staff told us they were supported to also achieve health and social care qualifications.
•Staff told us that they were happy with the training they received and felt supported in their roles. A staff member said, "The training is helpful. They [managers] enrol us for NVQ level 5, which is good."
•Staff had received supervision to identify training needs and receive support from their line managers.
•For staff that had been employed for more than 12 months, records showed annual appraisals had been carried out to review their performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the home was able to support them.
•The service assessed people's needs and choices through monthly reviews. Where changes had been identified, this was then updated on their care plan.
•This meant that people's needs and choices were being assessed for continuity of care.

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to be able to eat and drink sufficient amounts to maintain a balanced diet. Staff were aware of people's likes and dislikes and would offer them choices for their meals and drinks.
•People commented positively about the food in the home. One person told us, "Yes, the food is perfectly alright. I like all the food if it is cooked OK." Another person said, "The food is not bad but the chef is good though. Comes in and chats and ask me what I would like. The chef is very good at making soup."
•We observed four lunch services during our inspection. At all times during the lunch, staff interacted with people while serving them and offering them choices. The chef visited each unit to check if people were satisfied with their meals and spoke with them.
•There was a calm, warm and pleasant environment during each lunch service.

Staff working with other agencies to provide consistent, effective, timely care
•People were supported to maintain good health and to access health care services and professionals, such as GPs and tissue viability nurses (TVN), when they needed them.
•Local GPs visited the home weekly to check people's health and a GP visited the home on the day of the inspection. One person said, "The doctor comes every week and you can ask to see him at other times and the dentist and to have your eyes checked I think."
•Staff recorded people's current health conditions. Where people had lost weight, referrals were made to dieticians. Referrals to speech and language therapists were also made for people with swallowing difficulties. Outcomes and recommendations following health check ups were recorded in people's care plans.

Adapting service, design, decoration to meet people's needs
•The home had aids and equipment available for people to ensure their needs were fully met. For example, some people required sensor mats, special mattresses or assisted baths to assist them and staff supported people to use them.
•There was appropriate signage and colourful murals on display in the home to assist people to get around, especially for people with dementia.
•There were communal areas and outdoor spaces for people to socialise in suitable weather.

Good

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.

Good: 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
•At our last comprehensive inspection, we found people did not always feel treated with respect by staff or cared for in a dignified way. At this inspection, comments from people and relatives were more positive and they told us there was a more caring environment in the home.
•People told us the staff were kind and caring. They said staff treated them with respect and they were well looked after. One person said, "Staff care and are gentle and they take their time." Another person told us, "Very gentle. They [staff] use a banana board [lightweight, curved board to transfer people] with me which helps a lot. They have to work to position it, so I am straight on the bed." A relative said, "I observe them [staff] being gentle and kind which makes me feel so much better. I don't go home and worry".
•We observed staff to be patient, friendly and engaging when supporting people. There was positive interaction and staff demonstrated a good understanding of their needs and preferences.
•There was a calm and relaxed atmosphere in the home where people enjoyed the company of other people, visitors and staff. People were suitably dressed and ready for the day.
•However, we noted there was less interaction with people in some of the units in the home, although records in people's care plans showed that staff spent time with people on a daily basis.
•Equality and diversity policies and training for staff ensured all people were treated equally and their human rights were respected, regardless of their religion, race, sexuality or gender.
•Where people had any cultural or religious needs, these were recorded to ensure staff were aware of them. A staff member said, "Every individual is different but I treat them equally and respect their wishes without discriminating them."

Supporting people to express their views and be involved in making decisions about their care
•People were involved in planning their care and support. They were assisted by their relatives or representatives where applicable. Records confirmed this. One person said, "My family help with decisions. I think they look at my care plan quite often. My daughters always ask and I know that they chat to the manager and the nurses."
•Relatives told us they were always kept informed of changes in the well-being of their family members. A relative told us, "We are made aware and they [staff] take you through everything, we are well informed, very good systems here."

Respecting and promoting people's privacy, dignity and independence
•Staff understood that personal information should not be shared with others or misused in order to preserve and protect people's confidentiality.
•People's privacy and dignity was respected by staff. One person told us, "They have respect for me and are careful when they are changing me or washing."

•A staff member said, "When I support someone, I will close the door and curtains. I will start from top to bottom covering with them with a towel. We also put a privacy sign on their front door." We observed that staff placed these privacy signs outside people's front doors and closed the door before supporting them.
•People were encouraged to maintain their independence and carry out their own personal care routines where possible. Care plans detailed people's levels of independence. One person told us, "The staff help me but I do what I want really."
•At our last inspection, some people told us their bed sheets were creased or not ironed. After the inspection, the provider arranged for a pressing machine to be purchased to ensure people were provided with more comfortable bedding. We saw the machine in use during our inspection, which helped people feel more relaxed and comfortable.

Good

Is the service responsive?

Our findings

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

Good: 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

At our last comprehensive inspection we found the provider did not ensure care and treatment of people was appropriate to meet their needs and reflect their preferences in a person-centred way. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found sufficient improvement had been made and the provider was no longer in breach of Regulation 9.

•People received personalised care that was responsive to their needs. One person said, "The staff are excellent and always listen."
•People's needs were documented in a personalised care plan. They contained information on people's support needs, histories, preferences, likes and dislikes.
•People and their relatives were able to express themselves through their care plan and one person's plan stated, "I like to drink beer and read about birds and wildlife." This helped to ensure staff got to know people and provide care in a person-centred way.
•Care plans were available in digital and paper formats. They were reviewed when people's needs changed or at least monthly. We saw that care plans were up to date.
•Personal care was monitored using a digital system. Staff logged details of completed care tasks on handheld devices, which automatically updated a central system. Staff received alerts to let them know which people required attention at certain times, for example those at risk of pressure sores. This enabled them to monitor people and complete charts for turning, repositioning, weight records and fluid intake.
•All staff were able to view the information on their own devices so that information could be shared and concerns responded to without delay.
•Staff told us they worked well together and communicated with each other to ensure people were supported. A staff member said, "We work very well here. There is good communication between all staff so that people get the right care."
•A range of activities were available in the home and we saw people enjoying them during our inspection. These included sensory sessions, bingo, arts and music. A hairdresser also attended the home on a weekly basis. One person said, "Activities are good, I like the bingo, something is on most days. There is a sheet about all the activities."
•Activities were arranged by activity coordinators and we saw that they arranged activities based on people's wishes or choices. Where people were less able to take part or preferred to stay in their rooms, staff ensured they were not too isolated and spent time with them.

•A relative told us, "They do so much here it is impressive, even though [family member] cannot engage I know [family member] is enjoying the music. Today they are doing dancing and singing with the big screen up and we know by [family member's] eyes that they're enjoying it."
•During the singing and dancing activity session in the afternoon, we observed staff engaging with each person, using their preferred names and encouraging those who were able. They also spent time chatting with people who were less active or mobile.
•People from other units were supported by staff to attend the activity, as it took place on the ground floor.
•People were encouraged to choose songs they wished to listen to. The atmosphere was friendly, warm and inclusive of people from all units.
•The registered manager showed us where relatives had donated historic items such as old sewing machines, typewriters and telephones, which were on display in the home. These were used to help people who may have dementia with reminiscing and engage in conversation. A relative told us, "The home is fantastic for that sort of thing. You see people's faces light up here when they are reminded of the past."

Meeting people's communication needs
From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
•Care plans included people's ability to communicate and how staff should communicate with people effectively. There were materials, such as picture cards, available to communicate with people if required. For example, one person's care plan stated, '[Person] requires step by step instruction with simple and short words.'

Improving care quality in response to complaints or concerns
•There was a complaints procedure and we saw that all complaints were acknowledged and addressed by the registered manager. They investigated and responded to all complainants with an outcome.
•People and their relatives felt comfortable raising concerns with staff or the registered manager. One person told us, "I would tell the staff. I would make my voice heard." A relative said, "I would talk to the staff or the manager, who is very approachable." A relative told us they had some concerns about how the home was supporting their family member but had not made a complaint. We discussed their concerns with the registered manager, who told us they would speak to the relative and investigate.
•At the time of our inspection, the home had recently received two complaints that were currently in progress. The registered manager ensured that all complaints were responded to within the timeframes set out in the provider's complaints policy.
•Compliments from people and relatives were also received by the home, who thanked staff for helping to look after loved ones.

End of life care and support
•People were supported with end of life care where they had a terminal illness. Their needs and preferences had been discussed, for example their preferred place of burial.
•Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place in people's care plans and was signed by relevant health professionals.
•Staff had received training on end of life care and ensured people were supported with dignity and sensitivity.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•Following our last two inspections, the provider and registered manager had made improvements in the overall quality and safety of the home.
•The registered manager was supported by nursing staff, area managers and an operations manager. The registered manager met the lead nursing staff of each unit on a daily basis in 'flash' meetings, to receive updates and ensure any concerns or issues were addressed.
•The registered manager carried out weekly audits on medicine management, care plans, night staff and the environment. They understood regulatory requirements.
•Staff were clear about their roles and responsibilities. They were positive about the registered manager and said they were fully supported by other members of the management team and their colleagues.
•People, staff, relatives and professionals were all very complimentary of the registered manager and told us there was an open and welcoming culture. A person told us, "The manager is very good and kind, you can talk to her." A relative commented, "She is fantastic and cannot do enough to help people and is always listening. We know our [family member] is safe because she is in charge." A staff member said, "She works very hard at all hours of the day and week."

Continuous learning and improving care
•The registered manager was committed to improving the home and learning from lessons. People and staff told us they were a visible presence on all units to check that people were supported safely.
•Where staff did not follow procedures or perform their roles to the required standard, we saw the registered manager took disciplinary action. The registered manager said, "I did an unannounced night visit and had to take action immediately because staff were not following procedures."
•We noted the provider had identified learning outcomes following incidents and complaints, such as reviewing how staff respond to people with specific wounds and how these wounds are assessed and treated.
•There was a system to obtain people and relatives' feedback about the home through annual questionnaires. The registered manager collated and analysed feedback to identify where improvements were needed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
•People, their relatives and staff told us that the service was well managed, and they were able to discuss any issues they might have.

•Person centred care was provided to people and care records were reviewed and updated when required.
•Where incidents or injuries occurred, the provider ensured these were reported to the relevant authorities to be investigated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•The registered manager chaired group meetings with people and relatives in the home. One relative told us, "They talk about things in resident meetings and the staff come in and talk with [family member]."
•People and relatives had opportunities to provide their feedback about the home and share any concerns. There were also agenda items such as discussions about the laundry service and activities. Meetings took place every three months.
•Staff attended meetings to discuss a variety of issues and for information to be shared. They discussed rotas, activities, home maintenance, training and medicines amongst other topics.

Working in partnership with others
•The management team worked closely with other health and social care professionals to ensure people received the care and support they needed.
•Links with the local community were established such as with the Alzheimer's Society to support the home with suitable and meaningful activities for people with dementia.