

Four Seasons (Bamford) Limited

# Alexandra Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 20 July 2017 and was unannounced. At our last inspection on 20 April 2015, the service was found to be meeting the required standards in the areas we looked at. Alexandra Care Home provides residential and nursing care for up to 76 elderly people who may live with dementia. At the time of our inspection 74 people were living at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People were supported to take their medicines by trained staff. However these medicines were not consistently dispensed safely. Medicine audits had not identified the issues found. However the registered manager took immediate action.

People felt safe at Alexandra Care Home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Safe recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's needs.

Where potential risks were identified there was involvement of other professionals to help ensure people were safe.

Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. People were provided with a healthy balanced diet that met their individual needs.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way. Staff had developed positive and caring relationships with the people they cared for.

People were involved in the planning, delivery and reviews of the care and support provided. Confidentiality of information held about people's medical and personal histories was securely maintained throughout the home.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal

circumstances.

People were supported to take part in meaningful activities relevant to their needs.

Complaints were recorded and responded to in line with the service policy. People, relatives and staff were complimentary about the registered manager and how the home was run and operated.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were not always supported to take their medicines safely by trained staff.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

### Is the service effective?

**Good** ●

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

### Is the service caring?

**Good** ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery

and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had not always been maintained.

**Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide people with person centred care and support.

People were supported to take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

**Is the service well-led?**

**Good** ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement. However medicine audits required improvement.

People and staff were very positive about the deputy and registered manager and how the home operated.

Staff understood their roles and responsibilities and felt supported by the management team.

# Alexandra 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, 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 20 July 2017 and was unannounced. The inspection team was made up of two inspectors, a specialist professional advisor and an expert by experience. An expert by experience is a person who has experience in this type of service. This was to help facilitate the inspection and make sure that people who used the service were able to talk with us. The specialist professional adviser was a nurse who reviewed care plans and provided specialist advice on the care provided at Alexandra Care Home.

Before the inspection we reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with six people who lived at the home, ten relatives, six care staff, four nurses, two activity coordinators, the deputy and registered manager. We looked at care plans relating to seven people and three staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

# Is the service safe?

## Our findings

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by nurses who were properly trained and had their competency assessed. Nurses had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We found that there were protocols in place for medicines that were prescribed to be given when required (PRN). For example pain relief medicine. However we found that for a random selection of medicines we looked at, the stock levels were not correct and the missing medicines could not be accounted for. The medicine administration record (MAR) was not documented effectively to ensure accurate recording. For example some medicines for pain relief stated that one or two tablets were to be given. Records did not clearly record the amount given and in some cases the number of tablets given had not been noted at all. This meant that it was not possible to evidence if medicines were missing or had been given. Another example we looked at indicated that there were two tablets too many according to the number received into the home and the number signed as being administered. This indicated that the person may have missed a dose of their medicine.

We spoke to the registered manager about this and they took immediate action with the introduction of new protocols to ensure that medicines were administered and recorded correctly. The protocol required the amount of medicines given to be noted on the back of the MAR chart to ensure it would be clear to determine the amount given.

People who lived at Alexandra Care Home told us they felt safe. One person said, "I feel much safer here. They look after me so well, I actually feel much better now." Another person said, "If I want to use the toilet I do need to ring my bell, which is always next to me. That is a comforting feeling and I never wait too long. There is always someone and night staff are all very good."

We arrived at 5am and the home was calm. People who were able to use their call bell had them within reach. There were hourly and half hourly checks in place for people who were not able to use the call bells. Staff were visible and answered the door promptly. Throughout the morning the home was calm; people were sleeping and not made to get up if they wanted to sleep. We noted that staff provided breakfast and medicines to people who were awake and wanting something to eat and drink. The nurse provided medicines to people who lived with diabetes after their glucose levels had been checked.

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Staff knew how to identify and report abuse. One staff member told us, "I'll report to my line manager who will decide what's next, for example if police need to be called, or I can call Hertfordshire County Council." Staff we spoke with knew where to find the relevant contact details.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring

Service (DBS) before they were employed by the service.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. We noted that the dementia unit had recently had an increase in staffing during the day shift. This was due to the recognition of changing needs and staff we spoke with confirmed there were enough staff. Staff told us that on the ground floor they used to have an extra staff member on duty but this had been reduced. They told us that they felt an extra staff member was needed with all the checks and repositioning that were required. However we noted that people appeared to have had their needs met and regular checks had been recorded.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included falls, choking, moving and handling, nutrition and pressure care. Staff knew who was at risk of falls or developing pressure ulcers. We saw that in April 2017 one person had been identified as having lost weight, they were referred to the dietician as they were not eating well. We looked at the person's weight chart and noted that they had started to gain weight. This meant that people's changing needs were identified and the appropriate action was taken to keep people safe.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager and were also reviewed by the regional manager on a regular basis to help ensure that people's changing needs were addressed and that reoccurring patterns were identified.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. Agency staff had completed an induction when they came to the home that included fire safety.



# Is the service effective?

## Our findings

People received support from staff who had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us that they only liked to be supported by female carers and they confirmed this always happened.

Staff told us they were well trained and supported for their role. One staff member said, "We have training updates three or four times a year." They told us that they had regular supervision and that the management team were approachable. Another staff member confirmed they had been supported to complete their level three training in social care.

Staff completed an induction programme, during which they received training relevant to their roles. This included areas such as moving and handling, safeguarding, dementia care, fire safety and the Mental Capacity Act (2005) (MCA). We saw evidence of effective care, for example in the prevention and treatment of pressure ulcers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. Staff had a good understanding of their role in relation to MCA and consent. One staff member told us, "They [people who used the service] can make day to day decisions, clothes choices; we ask them what they want to eat." We observed that staff sought consent and explained care to people. During the afternoon, one nurse who needed to support a person asked the person "Is it okay for me to take you to your room?" We saw that the person agreed.

People's identified needs were documented and reviewed to help ensure that the care and support provided supported people to maintain good physical, mental and emotional health. For example, a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, tissue viability nurse, specialist diabetes nurse, speech and language therapist (SALT), and dietician. We noted that some people received their nutrition and hydration by means of percutaneous endoscopic gastrostomy tube (PEG) PEG is an endoscopic medical procedure to provide a means of nutritional intake when people's oral intake is not adequate. We saw the feeding regimen devised and reviewed by the dietician. There was also a SALT assessment which concluded that the risks of introducing oral intake currently outweighed the potential benefits. We spoke with an external professional nurse who told us that staff were very good at asking for advice, they listened and followed guidance and found the registered manager to be very open and proactive.

People were supported to eat healthy meals. Care plans provided guidance on the support people needed to eat and drink. Staff assessed nutritional risk and monitored people's weight and involved health care professionals, such as a dietician when required. We saw that people had drinks within reach on our arrival and staff went round offering drinks to people during the morning. Porridge and toast was available to people who were awake early. We observed people at lunch time and noted that they were supported in a kind and helpful manner and were repeatedly offered choice. One person said, "There is a good choice of food, but I like simple food so often I have just jacket potato and salad." Another person commented, "They [staff] know that I like sweet tea and extra biscuits so they often pop small dish in front of me in the dining room. A relative told us, "The food is very good here."

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. We noted that people's notes in their care plans included records of professional visits from the GPs, physiotherapists, chiropodists and the hairdresser.

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One relative said, "Only last week, [relative] had their birthday and staff phoned me to say that they would like to have a small tea party for them. Nothing major, but it was a lovely thought and a few residents joined in, luckily it was great weather so we all went to the garden. We had drinks and some biscuits and we had a very nice time. I don't think they [relative] have ever had so many birthday cards."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect by closing doors and good communication. We saw staff knocking on people's doors. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One relative commented, "I cannot fault the carers here." They went on to tell us that their relative had just arrived at the home and the nurses noticed they looked depressed. The relative said, "They came to have a chat with us and [relative] was referred to a counselling team for support."

We observed that staff had developed relationships with people they supported and we noted kind and caring interaction. One person said, "Staff here are wonderful, patient, very softly spoken and calm. I have bad days when I can hardly move, but they [staff] stop and hoist me slowly, they always cover me. I know most of the staff by name, and they know to call me [name]." One relative commented, "I would say that staff are very much in tune with [people's] needs, and [person] knows the staff well. From what I see coming here every week, [people] are treated like family members."

People and their relatives where appropriate, were involved in planning and reviewing people's care. This was documented in care plans. One person said, "My [relative] is involved as much as they can in talking to managers here, I know I have a care plan, it was in the start when I just arrived, everyone was here, including the social worker, nurse from here and my [relative] so I am happy it's sorted."

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required. However we noted care plans were stored in filing cabinets at the nurse's station and these were not always locked. We spoke with the registered manager about this and they took immediate action and staff were reminded of the importance of locking the cabinets.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took account of their life history and personal circumstances. One person said, "I do know about my care plan, but I can't tell you much because I forget, all I know is that I say what I need and staff know I don't like changes. I need things to be constant and with no radical changes. I know when we have activities, I like attending. I don't sing but I clap. I am quite happy with things as they are, so please don't change anything. It will upset me and I don't like to worry."

Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. People's care needs were met. We observed staff moving around early in the morning assisting people with continence care but not using it as an opportunity to get people up which was positive. We also noted that care notes indicated that regular checks and care had been delivered through the night. When asked, staff were able to tell us about the needs of the people they supported. For example, if they were independently mobile, if they were able to use a call bell and some health care needs. People's care plans included clear information and were updated monthly or when people's needs changed. Information was person centred and gave staff the appropriate guidance.

Care plans were personalised and captured the individual well and all the details that mattered to that person were included. Care plans included sections on people's rights, consent and capacity; medication needs, mobility needs and nutritional needs. Other sections addressed communication, personal hygiene, continence and skin integrity needs. We saw care profile guidance that provided information on, for example, risk assessments to be completed on admission. One nurse told us they enjoyed completing and updating care plans. We saw that observations such as safety checks, food and fluid intake and repositioning were completed and current.

People were supported to take part in activities that they enjoyed. For example, on the day of the inspection the activities coordinators had arranged a band for entertainment and people were enjoying themselves. Staff supported people from all floors who wanted to attend. There was an activity board displayed. We asked the activity organiser what was planned for the day and this was as the board indicated. Activities included outside entertainers, bowling, newspaper reviews, one to ones for those who preferred it and group games such as bingo or quizzes. They told us that group activities were held on one floor however people from other floors were supported to attend.

Other entertainment included: Memory games, reminiscence, what the papers say. There were quizzes and games that promoted exercise for example bowling. The coordinators also made sure that people received one to one time. This was important as not everyone enjoyed community activities and some people were unable to attend. One person said, "I have my books and puzzles to keep me company, my friend always bring me new ones so I do keep myself busy. But there are always activities, today is singing, I would like to hear that." One relative commented, "Activities are there every day, it is actually nice to bring all interested and willing to participate in this lovely lounge, it is usually very full. They bring different singers, not sure who is in today."

We spoke with people who told us they would like to access the community more and the activities coordinators confirmed that at the present they did not have a person who could drive the mini bus. However the registered manager confirmed that the intention was to get at least two other drivers, a volunteer and maybe one of the maintenance staff to take the lead as drivers to enable trips and outings. The registered manager stated that they were also going to be insured to drive the mini bus to be involved where possible.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns that were raised in a prompt and positive way. We noted that on all floors there was access to electronic computer tablets for people, staff and visitors to provide feedback. The registered manager reviewed the feedback. They confirmed it was another way to encourage people to have their views heard. There was a complaints policy in place and we noted that complaints had been responded to in a timely manner. One person said, "If something is not right or if we need something, I will go directly to [registered manager], they are always there in their office by the entrance, you can't miss them, or their assistant."

## Is the service well-led?

### Our findings

People who lived at Alexandra Care Home and staff were all very positive about how the home was run. They were complimentary about the registered manager who was described as being approachable and supportive. One staff member said, "The management definitely listen to me, if I have a problem I can just go and speak to them."

Audits were carried out in areas such as medicines, infection control, care planning and health and safety. Where issues were identified, action plans were developed to improve the service. However we noted that audits that were completed for medicines had not identified the issues we had found. We spoke with the registered manager about this and they confirmed by email the following day that they had initiated changes to ensure a more effective audit was in place to identify any issues. The new protocols have been introduced and the registered manager had discussed them with the nurses who administered the medicines.

The registered manager told us, "I am very proactive and visible and take pride in knowing all of the residents by their first name or surname if preferred. [People] know who I am and where to find me if they need to. We introduced Afternoon Tea with the Home Manager once a month where I have tea with people who live at Alexandra Care Home. It has been well received by people and their families that we have now introduced an additional day in the month."

The registered manager and deputy manager were very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They both confirmed they completed regular walks about the home where they talked to people and to check everything was alright. They observed and checked staff practice and ensured the environment was safe. The registered manager said, "We have a find and fix culture." Staff we spoke with confirmed the managers were visible around the home. The registered manager confirmed they had regular meetings with the heads of all departments to ensure they were up to date with changes and requirements.

The registered manager was knowledgeable about the people who used the service. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "We have a good team here we have handovers and we know what we are doing, we are allocated our duties."

The registered manager received support from their regional manager and they had regular meetings to support learning. They also confirmed they had monthly home manager meetings. This was a time for managers to share best practice and updates on any changes they should be aware of. The registered manager confirmed they received supervisions and told us that they felt supported and could pick up the telephone or send an email if they required support. They also confirmed that they and the deputy manager made a good team and the deputy manager was also a qualified nurse.

Services that provide health and social care to people are required to inform the CQC of important events

that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.