

Maria Mallaband Care Homes (2) Limited







Alexandra Court - Cleveleys

Inspection report

110 Victoria Road east
Thornton
Cleveleys
Lancashire
FY5 3SZ
Tel: 01253 853645
Website: www.example.com

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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 		

Overall summary

This inspection was carried out on the 10, 11 and 30 December 2015. The first day was unannounced.

We last carried out a full inspection of Alexandra Court in October 2013 and found improvements were required in relation to record keeping. We carried out a follow up inspection in July 2014 to check improvements had been made. We found no concerns in the regulation we looked at.

Alexandra Court is registered to accommodate up to 37 people with personal care needs. At the time of the inspection there were 36 people who lived at the home.

Alexandra Court provides independence and privacy in individual apartments. Each has its own lounge, kitchenette, bathroom and bedroom. Accommodation is provided over two floors, with a stair lift providing access to the first floor. There are a range of communal rooms,

Summary of findings

comprising of a lounge, a dining room and a conservatory. There are garden areas with seating for people to use during the summer months. Car parking is available at the home.

At the time of the inspection, the registered provider had recruited a manager who was not registered with the Care Quality Commission. The manager informed us they had started this process. 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.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We saw appropriate recruitment checks were carried out to ensure people employed were experienced and of suitable character.

We found medicines were not always managed appropriately and safely. We found one person's medicines were not available and medicine administration records were not always accurate. Procedures for managing controlled drugs were not adhered to. This was a breach of Regulation 12 of the Health and Social Care (Regulated Activities) Regulations 2014 (Safe care and treatment.) You can see what action we have taken at the back of the main version of the report.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. During the inspection we saw independence was promoted wherever possible. We saw people were supported to mobilise and engage in an organised activity with patience and understanding.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns regarding unauthorised restrictions to the manager.

People told us they liked the food provided at Alexandra Court and we saw people were supported to eat and drink adequately to meet their preferences. There was a varied menu in place with alternatives available.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate.

There were sufficient staff to meet people's needs. Staff received regular supervision to ensure training needs were identified and received appropriate training to enable them to meet people's needs.

We saw staff were caring. We observed staff spending time with people and taking an interest in their lives and things that were important to them. People told us staff were respectful and involved them in their care.

There were a range of activities for people to participate in. People told us they were asked to join in activities such as musical events, and arts and crafts. People told us they were happy with the activities provision at Alexandra Court.

There was a complaints policy in place, which was understood by staff. People told us they were confident any complaints would be addressed.

The manager monitored the quality of service by carrying out checks on the medicines and records. There was a quality assurance team in place to support the manager.

People who lived at the home were offered the opportunity to participate in an annual survey and meetings were held to capture their views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People did not always receive their medicines safely.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner and staff were appropriately skilled to promote people's safety.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Requires improvement



Is the service effective?

The service was effective.

Peoples' needs were assessed and care plans developed to ensure people's needs were met.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

Good



Summary of findings

People were able to participate in activities that were meaningful to them.

There was a complaints policy in place of which people were aware. People told us they were confident complaints would be addressed.

Is the service well-led?

The service was well-led.

People told us they were confident in the way in which the home was managed. The manager sought the views of people who lived at the home.

Staff told us they were supported by the manager.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

There were quality assurance systems in place to identify if improvements were required.

Good



Alexandra Court - Cleveleys

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 was carried out on the 10, 11 and 30 of December 2015. The first day of the inspection was unannounced and the second and third days were announced.

The first day of the inspection was carried out by an adult social care inspector. The second day of the inspection was carried out by an adult social care inspector and a specialist advisor. The specialist advisor who took part in this inspection was a pharmacist. On the third day of the inspection, one adult social care inspector visited the home to collect some documentation we wished to review.

Prior to the inspection, we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. We received information of concern regarding the safe management of medicines. This information helped us plan the inspection effectively.

During the inspection we spoke with six people who lived at Alexandra Court Lodge and one relative. We spoke with the manager, the deputy manager and the regional director. We also spoke with two cooks, three care staff and the maintenance person.

We looked at all areas of the home, for example we viewed the lounge, conservatory and dining area, apartments and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included two current care records, one historical care record and three staff recruitment files. We also looked at the medicine and administration records for nine people.

Is the service safe?

Our findings

People told us they felt safe. We were told, “I feel safe here.” And, “I feel safe here. I trust staff.” Also, “I feel very safe here. I always have”

We viewed two current care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to peoples’ needs. Care documentation contained instruction for staff to ensure risks were minimised. For example we saw one person was identified at being at risk of falls. We saw documentation contained information to guide staff on how to support people safely and reduce any risks. For example one record showed the person required specific equipment to maintain their safety and we saw the equipment was in use during the inspection.

During the inspection we saw staff responded to naturally occurring risk. We saw an area of the carpet was damaged. Staff responded by covering the area with appropriate signage and closing the room. They then informed the manager and the maintenance person. We saw the maintenance person placed tape over the damaged floor to ensure there were no loose edges which may have resulted in people falling.

We asked the manager and the regional director how they monitored accidents and incidents within the home. The manager told us they reviewed incident records and compiled a report which was sent to the quality assurance manager for scrutiny. We saw evidence that demonstrated if a trend was identified, the quality assurance manager explored this further to ensure risk controls were identified.

During this inspection we checked to see if medicines were managed safely. We observed senior care staff administering medicines. Medicines were given to one person at a time. This minimised the risk of incorrect medicines being given.

There were written protocols for staff to follow when giving people prescribed medicines “as required”. We saw there was supporting information in place to ensure peoples’ pain relief needs were communicated. Staff maintained a running balance count for all medicines in boxes. This meant that there were accurate records of administration when a person was prescribed a variable dose.

We found medicines were not always given in a time sensitive way. We saw one person received their medicine straight after meals. This was in contradiction to the prescribers’ instructions. Failure to administer medication as directed could affect how medicines work or cause unwanted side effects.

We looked at how medicines were stored and found storage to be secure. Appropriate storage was also available for medicines that required fridge storage and controlled drugs. Records were kept of stock that was disposed of.

Medicine records (MAR) were not always completed accurately. On one MAR we saw a person's eye drops had not been signed for on three occasions during the past week. We found two MAR had been handwritten by staff and had not been double checked for accuracy. On one handwritten MAR we found specific instructions had not been transferred from the original packaging. In addition we found four MAR which did not record peoples’ allergy status. Medicine records should be accurate to ensure the risk of harm is minimised.

We looked at topical records of administration for two people who lived at the home. One person was prescribed a cream to be applied twice a day. There were no records of this having been applied. We were informed by the deputy manager that staff sometimes recorded ‘creams applied’ and there were no specific records or checks made. This meant there was a risk that people may not receive their topical treatment as prescribed.

We checked that controlled drugs were managed safely. Controlled drugs are subject to specific legislation to prevent the risk of misuse. We carried out a check on one controlled drug to ensure safe practices were followed. Through discussions with staff we learnt the controlled drug had been administered with no witness present. Although the controlled drugs register was signed by two people we found it had not been signed by the administering staff, the witness signature was illegible and the entry was incorrectly dated. In addition the MAR record for the controlled drug had not been signed. This meant that appropriate safe practice for giving controlled drugs had not been followed.

We looked at the arrangements in place for ordering of medicines. The provider did not keep a record of the medicines they ordered. We found some medicines had

Is the service safe?

not been accurately booked in or carried forward at the start of the new cycle. We found one person had the same medicine in a box as well as in a monitored dosage system. This meant there was a risk the medicine could have been wrongly administered.

We found one person had not been administered their prescribed medicine because the medicines were not available. Staff had not acted appropriately to obtain new supplies. Failure to give prescribed medicines places people at risk of harm.

We discussed this with the manager who told us they planned to reissue the medicines policy, carry out supervisions and also provided us with an action plan detailing the steps they intended to take. On the third day of the inspection the manager provided us with an action plan which recorded that all senior staff had received a medicines competency assessment, supervision and had been provided with a copy of the medicines policy.

However at the time of the inspection the errors identified were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe Care and Treatment.)

We saw checks were in place to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also saw the temperature of the water was monitored to ensure the risk of scalds had been minimised. We saw a legionella risk assessment was in place and actions to minimise the risk of legionella developing within the home were carried out in accordance with the risk assessment.

There was a fire risk assessment in place and a fire procedure displayed for staff, visitors and people to refer to if the need arose. We also saw documentation that evidenced fire drills were carried out and evacuation equipment was in place if the need arose.

Is the service effective?

Our findings

The feedback we received from people who lived at the home and their family members was positive. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received from people who lived at Alexandra Court included, "My care is very good." And, "I'm happy with what they do."

People told us they were referred to other health professionals if the need arose. We saw documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example we saw people were referred to doctors and district nurses if there was a need to do so.

During the inspection we looked at two care records to ascertain if people's nutritional needs were assessed and monitored. We saw assessments were carried out. We noted one person had lost weight. The deputy manager informed us the person had been in hospital for a significant time. They also told us they were aware GP advice had been sought regarding the weight loss. We saw evidence of this in the person's care records. In a further care record we saw a person required specific support to monitor their weight. We saw this had not been carried out consistently, however we were informed the person was within a normal weight range. Within the care records we viewed we saw evidence of involvement from other health professionals. This helped ensure people's nutritional needs were managed safely.

We observed the lunch time meal being served. We saw this was served quickly when people were seated and was in accordance with their preferences. We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies.

During the inspection we saw people were asked to select their meal in advance. The people we spoke with told us the menu was flexible and food was prepared on request. Comments we received included, "The food is lovely." And, "[The food is] Simply superb."

There was a choice of cold drinks, tea and coffee to drink and the tables were attractively laid with napkins, cutlery and condiments. The atmosphere was calm and

welcoming and we saw this was a social event for people as they sat and chatted in a relaxed manner. We observed staff asked people if they wanted second helpings and these were provided as requested.

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) and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the manager to assess their understanding of their responsibilities regarding making appropriate applications to deprive people of their liberty. From our conversations it was clear they understood the processes in place. We were informed one application had been made to the supervisory bodies and the home was currently awaiting feedback on this. The manager told us they were aware of the processes in place and would ensure these were followed if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive and said any concerns would be reported to the manager or the registered provider. Staff told us they had received training in this area and we viewed the homes electronic training database which evidenced this

During the inspection we saw people's consent was sought before support was provided. We observed people being asked if they required support with personal care, mobility or if they wanted to join in with an organised activity. We saw if people declined, their wishes were respected.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and

Is the service effective?

handling, safeguarding and medicines management. They told this was a mixture of theory based and practical assessments. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. They told us this had been discussed with them at supervision. We viewed four

supervision records which evidenced supervisions took place and training needs were discussed. All the staff we spoke with told us they felt well supported by the deputy manager, the manager and the registered provider.

We discussed the arrangements for staff supervision with manager. They told us that previous to their appointment these had been carried out by the deputy manager, however they intended to deliver all supervision in future.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "I can't fault anyone. They'd do anything." Also, "Very kind. Very good. Nothings too much trouble." And, "Without exception, very kind." One relative described staff as, "Very caring."

We saw staff were caring. We observed staff sitting with people in lounges and in the conservatory. There was happy atmosphere and people openly spoke with staff. Staff responded respectfully and there was a positive rapport between staff and people who lived at the home. Staff appeared relaxed and confident and we saw they were patient when supporting people.

Staff told us they were encouraged to spend time with people who lived at the home. One staff member told us, "[Management] want you to talk to residents." We observed staff spending time with people in their apartments. We saw one staff member supporting a person to tidy their hair. This was done with compassion and in a relaxed and unhurried manner. Staff also encouraged people to visit communal areas. Staff asked people if they would like to spend time in lounges or have lunch in the dining room. When people declined choices their wishes were respected. This meant people were treated with dignity and were offered the opportunity to make decisions about their care.

Staff took an interest in peoples' hobbies and preferences. We observed staff talking with people about things they were interested in. One person spoke with staff about their family and a further person spoke about a local place of interest.

Staff spoke affectionately about people who lived at the home. One staff member told us, "We like making people happy." A further staff member said, "These people deserve the best." Staff also showed an awareness of what was important to people who lived at Alexandra Court. One staff member described the importance of one person's family relationships.

People told us their relatives and friends were able to visit them without any restrictions and our observations confirmed this. During the inspection we saw visitors were welcomed to the home and spent time with people in communal areas and in their family member's apartments. Relatives told us they could visit at any time. Staff told us they welcomed visitors to the home and during the inspection we saw visitors were welcomed on arrival at Alexandra Court.

People told us they were involved in their care planning. One person told us staff communicated with them regarding their care. They told us they had declined to be formally involved in their care planning, however staff were supportive of their right to be consulted and they discussed this with them.

Within the care documentation we viewed we saw evidence that people who lived at Alexandra Court, and those who were important to them were involved as required. Documentation we viewed demonstrated peoples wishes for sharing of information was considered. In addition two people who lived at the home told us their consent was sought before information was passed to their family member. We saw if it was appropriate to do so and decisions surrounding a person's care needs were required to be made, contact was made and agreements documented.

We discussed the provision of advocacy services with the registered provider manager. We were informed there were no people accessing advocacy services at the time of the inspection, however this would be arranged at peoples' request.

During the inspection we saw people's privacy was respected. We saw staff knocked on doors and waited for a response prior to entering, doors were closed when people were being supported with personal care. Staff were discreet when people's needs were discussed. We saw this took place in an area out of earshot from people who had no requirement to know personal details. This helped ensure peoples' dignity and confidentiality was maintained.

Is the service responsive?

Our findings

People told us they felt the care provided met their individual needs. One person said, “This home promotes independence.” One relative told us, “They’re quick at getting the doctor out.”

People told us they were involved if decisions needed to be made regarding their health. The documentation we viewed showed people and those who were important to them were involved as appropriate. We saw outcomes of discussions were recorded to ensure peoples’ views were recorded and communicated. This demonstrated there was system in place to ensure peoples’ individual preferences and wishes were sought to inform the care they received.

During the inspection we saw staff responded promptly to peoples’ needs. We observed staff responding quickly and tactfully if people required assistance or support. Staff were seen to be respectful and the interventions we observed were seen to be accepted and welcomed by the people who lived at Alexandra Court.

We saw an activities board was displayed informing people of the activities arranged at Alexandra Court. We observed photographs of completed activities were displayed and saw the photographs showed people smiling. People told us they were encouraged to take place in activities such as board games, arts and crafts and cards. People also told us they enjoyed the musical entertainers that visited the home.

During the inspection we saw a film afternoon was arranged for people who lived at Alexandra Court. Staff

invited people to join in and if people declined their wishes were respected. We saw the lounge had been arranged so that all people who participated could view the film which was shown on a large screen. The curtains were drawn and staff were in attendance to support people if they required this. We saw people were watching the film with enjoyment. We heard one person comment to their friend how much they were enjoying the experience.

People told us they had enough to do at Alexandra Court. We observed one person who lived at the home playing the piano in the conservatory and a further person told us they accepted responsibility for updating the menu board at the home.

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. Staff told us if people were unhappy with any aspect of the home they would record this on the person’s behalf if they agreed to this. They would then pass this on to the manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We viewed the complaints log at the home. We saw a complaint had been responded to within the defined timeframe. People told us if they had any complaints they could complain to the manager. One person told us, “I have a voice.” Everyone we spoke with told us they were happy living at the home and had no complaints at the time of the inspection. We also spoke with one relative who told us they had a copy of the complaints procedure but they were happy with the service provided at Alexandra Court.

Is the service well-led?

Our findings

At the time of the inspection there was no manager in place who was registered with the Care Quality Commission (CQC). The registered provider had recruited a manager who informed us they were in the process of registering as the registered manager with the CQC. The manager had been at Alexandra Court for one week prior to our inspection.

Staff told us they considered the teamwork at Alexandra Court to be good. One staff commented they felt the staff meetings were a useful communication aid. They told us, "We can air our views and management respond." A further staff member said, "Team work is very good." All the staff we spoke with told us they had met the manager and they found them to be approachable. This was confirmed by our observations. We saw the manager knew staff by name and staff approached the manager freely if they required guidance or information.

We saw evidence that demonstrated staff meetings took place and covered areas such as the reporting procedures for sickness and annual leave arrangements. We also saw feedback from audits was communicated. For example we saw the updating of care plans had been discussed. The manager informed us they intended to ensure they worked closely with staff to ensure people received high quality care.

During the inspection we saw people were known to the manager. We saw the manager addressed them by their first name and took time to speak with them. People who lived at the home told us they had met the manager and they found them approachable. One person told us they had discussed an improvement regarding the food provision at the home and they understood a meeting was to be held with people to discuss this further. We discussed this with the manager who confirmed a meeting was being planned and the cooks would be involved in this meeting.

We asked the manager what systems were in place to enable people to give feedback regarding the quality of the service provided. The manager told us they offered surveys to relatives and people who lived at the home and were currently looking at ways of improving this. They told us they were exploring the possibility of arranging for members of the local church, colleges and advocacy services to visit the home and support people with the

completion of these. The manager also told us the 'residents and relatives meetings' were also a way of obtaining feedback from people who lived at Alexandra Court. We viewed minutes of meetings which showed peoples' feedback was sought. For example we saw people had been asked for their views on the food at the home and had given positive feedback regarding the introduction of more fruit. The manager told us they were committed to involving people in the service provided and if areas of improvement were identified they would discuss these with people individually.

We spoke with one relative who told us they had met the manager and found them to be polite and professional.

During the inspection we noted staff were well organised and efficient. We observed a staff handover and saw the needs and wishes of people were discussed as part of this. In addition we saw a check was made on the staffing rota to ensure staffing was sufficient. We saw staff communicated with each other so they were aware of the needs and wishes of the people who lived at the home.

We spoke with staff and asked them their opinion of the leadership at the home. Staff told us they felt well supported and were encouraged by the deputy manager to discuss any areas on which they wanted clarity, or feedback. The staff we spoke with said they were looking forward to working with the manager now they had joined the home. They said they were well informed of any changes taking place.

We asked the manager what checks were carried out to ensure Alexandra Court operated effectively and areas for improvement were noted and actioned. The manager told us they had just joined the home and was aware there was a suite of audits available to ensure areas of improvement were noted and actioned.

We viewed the audit systems in place and saw these covered areas such as medicines audits, care plan audits and environmental audits. We discussed the audit system in place with the regional director. They explained that while some audits were completed by the manager, audits were also carried out by the quality assurance managers employed by the provider. We asked how the home monitored weight loss and were told the monthly audit

Is the service well-led?

was completed by the manager and sent to the quality assurance manager. The manager informed us the current audit form was being amended to ensure any changes in people's weights would be easily identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe management of medicines.</p> <p>Regulation 12 (1), (2), (g).</p>