

Cherry Garden Properties Limited

Alexandra - Oldham

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Alexandra – Oldham is a residential care home providing personal and nursing care for up to 35 people. At the time of our inspection there were 27 people living at the home.

People's experience of using this service and what we found

People told us, and we observed staff were kind and caring. People's privacy and dignity were respected. People were supported to be as independent as possible.

There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. Staff received the training, support and supervision they needed to carry out their roles effectively. Some staff had not completed first aid training. This has now been arranged. Nurses received clinical supervision and were competent at nursing procedures, such as wound care and catheterisation.

We received mixed views about staffing levels. However, we did not find any evidence during our inspection that there were not enough staff to provide the appropriate level of support to people.

The home was clean and generally well-maintained, although some parts of the corridors would benefit from being redecorated. There was an on-going redecoration programme. All servicing of equipment had been completed. Correct infection control practices were followed.

Medicines were managed and administered safely. However, the temperature of the medicines room was occasionally higher than recommended for the safe storage of medicines. The registered manager is currently seeking ways to reduce the room temperature.

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

There were some opportunities for people to take part in activities to occupy their time and provide enjoyment and stimulation.

Risks to people's health and safety had been assessed. People's healthcare needs were being met. The home had referred people promptly to healthcare professionals when any issues or concerns had been noted, such as unplanned weight loss. Equipment was in place to support people to stay well, such as pressure relieving mattresses and cushions, for people at risk of skin breakdown.

People had person-centred care plans in place and staff were knowledgeable about people's needs. The service provided end of life care. People's end of life wishes were respected and staff supported the whole family during this difficult time.

People and staff were complimentary about the way the home was managed. Audits were in place to monitor the quality of the service and the environment.

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

Rating at last inspection

The last rating for this service was good (report published 1 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Alexandra - Oldham

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Alexandra – Oldham 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. This included the previous inspection report and notifications. Notifications contain information about events the manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at the service. We used the information the provider sent us in the provider information return. 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. We gathered feedback from the local authority. We used all this information to plan our inspection.

During the inspection

During the inspection we looked around the service. As some people were unable to fully communicate with

us, we spent time observing interactions between people and staff. We spoke with two people who used the service, the registered manager, the provider's area and compliance manager and four care workers. We also spoke with two relatives during our visit to the home and a further two relatives on the telephone.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at three staff recruitment files and supervision and training records. We reviewed a variety of records relating to the management of the service, including audits.

After the inspection

We reviewed additional information sent to us by the registered manager. We received confirmation that action had been taken to deal with the small number of issues we found during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being, such as from poor nutrition and for the use of bedrails, had been assessed and the appropriate action taken.
- People were protected from the risk of fire. Everyone had an up-to-date emergency evacuation plan which described the support they would need in the event of a fire. Fire drills were held regularly, and a recent fire risk assessment had been undertaken.
- All servicing of equipment was up-to-date. Regular safety checks were carried out, such as of the fire alarm, hoists and water temperatures. These ensured the building and equipment were safe and well-maintained.
- Staff completed regular checks on the electric pressure relieving mattresses to ensure they were inflated and working correctly. However, it was not easy to see from the records if mattresses had been set to the correct weight for each person. Following a discussion about this, the registered manager changed the documentation to ensure this information was easily available and was correct.
- We found a radiator in one of the corridors was very hot to touch. We asked for this to be turned down. The registered manager told us they were in the process of looking into installing low surface temperature radiators throughout the home.

Staffing and recruitment

- The provider had completed pre-employment checks to make sure staff had the appropriate skills and character to support vulnerable people. These included reference checks, and disclosure and barring Service (DBS) checks. Registered nurses had up-to-date Nursing and Midwifery Council (NMC) personal identification numbers (PIN). The NMC is the regulator for all nurses and midwives in the UK.
- We received mixed views about the levels of staffing at the home. Some relatives and staff told us they felt more staff were needed. However, we did not find evidence during our inspection that people did not receive care and support in a timely way.
- There was an on-going recruitment drive to employ more staff, particularly registered nurses. Agency staff were used to cover gaps in the rotas from staff sickness and annual leave.

Using medicines safely

- People's medicines were managed safely.
- Medicines were administered by registered nurses. Medicines administration records (MAR) indicated people received their medicines as prescribed. The correct protocols were in place for people who needed 'as required' medicines, such as pain relief.
- Several handwritten entries on the MAR had not been countersigned by staff to show they were correct.

The registered manager assured us hand written entries would be signed correctly in the future.

- Medicines should be stored at the correct temperature to ensure they work properly. We found the temperature of the medicines room was occasionally higher than recommended. The registered manager is currently trying out different ways to lower the room temperature.

Preventing and controlling infection

- The home was clean with no unpleasant odours. However, we found the stand aid and hoist, which are used to help move people, were dirty. Following our inspection we saw evidence they had been cleaned and a regular cleaning schedule set up.
- Staff followed good infection control practices. This included using personal protective equipment such as gloves and aprons when carrying out personal care tasks and handling food.
- The majority of staff had completed infection control training.
- The service had been awarded a food hygiene rating of 5 (very good) in October 2018.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at the home. Relatives were happy with the way staff treated their loved ones. One relative told us "They are great with her."
- Records showed safeguarding incidents were recorded, investigated and reported to the local authority and CQC.
- Systems were in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to. However, one care worker did not understand what was meant by 'whistleblowing'. Following our inspection, we received confirmation that a group supervision about whistle blowing was planned, along with discussion about the whistle blowing policy.
- Accidents and incidents that happened at the home were reviewed by the registered manager. We saw appropriate action had been taken following incidents. This included learning from the incident to prevent future reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to The Alexandra to ensure staff could safely and appropriately support them.
- Admission assessments were used as the basis for developing care plans and risk assessments. Care plans were regularly reviewed to ensure they continued to be accurate when people's needs changed.
- The manager, who was a registered nurse, had a good understanding of current best practice guidelines and standards. This was shared with staff to promote good practice. For example, they had ensured staff received training in the IDDSI Framework (international dysphagia diet standardisation initiative). This provides common terminology to describe food textures and drink thickness for people who have swallowing difficulties.

Staff support: induction, training, skills and experience

- New staff completed an induction programme, which included training and shadowing members of the team.
- Staff received on-line and practical training in a range of topics and the provider's training spreadsheet showed most staff were up-to-date with required training. However, some staff had not completed first aid training. Following our inspection first-aid training was arranged.
- Staff were supported by regular supervision and told us these meetings were helpful. One care worker said, "Any problems you have you can bring them out in supervision."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with different agencies to ensure people's health was maintained.
- Records showed people had access to a range of health care professionals including GPs and Speech and Language Therapists. The service responded promptly when people's health needs changed.
- The service employed a registered nurse to be on duty at all times. They carried out nursing tasks such as wound care, medicines administration and care of PEG tubes (a feeding tube which goes into a person's stomach).
- People had oral health assessments and care plans in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet. They were served a choice of meals with snacks provided throughout the day. The service had recently introduced a continental breakfast, two days a week. The registered manager told us this was to try and introduce more fresh fruit into people's diets and provide

variety.

- People's weights were monitored, and action was taken in response to unplanned weight loss. This included monitoring people's food and drink intake and referrals to dieticians for specialist advice.

Adapting service, design, decoration to meet people's needs

- The home had a lounge on both floors and a dining room on the ground floor. The communal areas were nicely decorated. However, skirting boards and some areas of the corridors would be improved by redecorating. We were told there was an on-going redecoration programme.
- People were encouraged to personalise their bedrooms and bring in their own belongings.
- Where needed, people were provided with specialist equipment, such as pressure relieving mattresses and specialist beds.
- There was a large enclosed yard to the rear of the building and a large garden to the front of the house.
- There was some pictorial signage throughout the home to help people find their way around. Use of pictorial signage is important in helping people with dementia orientate themselves to their surroundings.

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

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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity, the best interest process had been followed to ensure their rights were protected. For example, a best interest meeting had been held to decide if it was appropriate for a person to receive their medicines covertly (hidden in food).
- Appropriate DoLS applications had been made for people who lacked capacity and the service considered to be deprived of their liberty.
- Staff consulted people before they did anything for them and asked their consent.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- We observed staff interacting with people in a kind and caring way. They were patient and considerate.
- Relatives were complimentary about the attitude and kindness of the staff. Comments included, "On the whole the staff are lovely"; "They [staff] love my mum" and "I couldn't ask for nicer carers."
- People were helped to maintain their personal hygiene and we saw people looked well dressed. Relatives we spoke with were happy with the standard of personal care provided by staff.
- Staff were aware if people had any cultural or spiritual needs. The service was in the process of trying to arrange for an Anglican priest to visit the home to take a service on a regular basis, as following the closure of their local church, their previous arrangement had ended.

Respecting and promoting people's privacy, dignity and independence

- We saw most of the staff spoke with people in a respectful way. However, one person did not use respectful language when they were talking to us about how they supported people to eat. We spoke to the registered manager about this who told us they would speak to the member of staff to ensure it did not happen again.
- Staff respected people's privacy and dignity when delivering care and support. Staff were able to give examples of how they promoted dignity, privacy and independence. For example, by helping people to remain covered when providing personal care.
- Staff encouraged people to be as independent as possible. We saw people being encouraged to do things for themselves where they were able.

Supporting people to express their views and be involved in making decisions about their care

- Where people were able, they made choices about their daily lives.
- Staff treated people as individuals and respected their choices. For example, some people preferred to remain in their own bedrooms and did not come into the communal areas or take part in group activities. We saw that staff respected their choices and did what they could to make them comfortable in their rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff who had a good understanding of their care and support needs, their personal preferences and what was important to them.
- People's care records were person-centred and contained guidance for staff on how people wished to be supported with all aspects of their care.
- There was a staff 'handover' between shifts. This ensured important information about people was communicated to all staff. Agency staff were provided with a sheet which summarised important information about people's care and health needs. This ensured they had vital information to hand.
- Family members told us the service communicated well with them and kept them informed when there were changes to their relative's health or well-being.
- There was some provision of activities at the home, although this was not very extensive. The registered manager told us that there were a considerable number of people who were too poorly to take part in activities and some people chose to stay in their rooms and occupy themselves. We saw some staff spent time with individuals in the lounges.

Improving care quality in response to complaints or concerns

- The service had a clear system for recording, investigating and responding to any complaints or concerns.
- People and relatives told us if they had any concerns they would not hesitate to discuss them with the registered manager and were confident they would be acted on.

End of life care and support

- People could remain in the home supported by familiar staff when approaching the end of their lives.
- Registered nurses had been trained to give 'end of life' medicines, such as those for pain relief and to relieve terminal anxiety.
- The service had a collection of items which could be used by families when a person was approaching their death. These included soft lighting, a CD player, a kettle to make drinks and matching bedding.
- The service sent a card of condolence to bereaved families following the death of their loved one.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was working within the AIS. People's care records included information about their communication needs. For example, one person had a care plan which described how staff should support them using pictures and sign language as they were hard of hearing.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives spoke positively about the quality of the service.
- Care records were person-centred and provided staff with clear guidance about how people wished to be supported. Care plans were reviewed when people's needs changed.
- The registered manager understood their responsibility to apologise and give people an explanation if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had a good understanding of their regulatory requirements, making appropriate notifications to the CQC and external safeguarding bodies.
- There were systems in place to monitor the safety and quality of the service. These included regular audits of areas such as medicines, care plans and health and safety. Further oversight of the service was carried out by the provider's area and compliance manager. We found some of the audit forms did not show what action had been taken when an issue had been identified. The registered manager re-designed the audit forms so that actions could be easily shown.
- Incidents and complaints were reviewed both within the home and at provider level to help promote learning and continuous improvement and reduce the risk of a reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked collaboratively with the local authority and clinical commissioning group
- The service provided placements for students studying for qualifications in speech and language therapy and for students on work experience from a local college. The service had been involved in a number of research initiatives at local universities.
- The service produced a quarterly newsletter which informed people of events at the home, updates on the maintenance programme and staff recruitment.
- Staff meetings were held every few months. These provided a forum for communicating information about the service, discussing concerns and gathering feedback from staff.
- Staff told us there was good team working and they were supported by the registered manager. One care worker said, "We all help each other if needs be."

