

Alexandra Nursing Home Limited

Alexandra Nursing Home - Poulton-le-Fylde

Inspection report

Moorland Road
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Lancashire
FY6 7EU

Tel: 01253893313

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alexandra Nursing Home - Poulton-le-Fylde provides residential and nursing care for up to 117 people. The service has three units one with a separate dementia unit which is purpose built. This building adjoins the main home and provides dedicated care for people with a specified dementia condition. At the time of the inspection visit there were 71 people who lived at the home.

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

The service had improved in terms of safety, but more improvements were required. We found medicines management and management of risks related to behaviours which could challenge needed to be improved. We noted improvements in relation to fire safety and environmental risks, as well as improvements to infection prevention and control. The provider had introduced a systematic approach to ensuring staffing levels were sufficient.

Records were not always up to date and accurate. The provider had introduced new quality assurance measures. These had only just begun to be used at the time of our inspection, but had identified some shortfalls in standards and could be used effectively to assess, monitor and improve the quality of the service. New senior staff had been recruited to support the registered manager. The provider worked with external professionals to ensure people's healthcare needs continued to be met. People and staff were asked for their opinions on the service through meetings with the management team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 January 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced focussed inspection of this service on in November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing, safe care and treatment, and good governance.

We carried out this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Nursing Home – Poulton-le-Fylde on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management, management of risks related to behaviours which may challenge and the quality of records at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Alexandra Nursing Home - Poulton-le-Fylde

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and a medicines inspector.

Service and service type

Alexandra Nursing Home – Poulton-le-Fylde is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave a short period notice of the inspection to as we needed to be sure the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and the fire service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, deputy manager, nurses and care workers. We carried out observations of care to help us understand the experience of people who could not talk with us. We observed all areas of the home to check it was a clean, hygienic and safe place for people to live.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records related to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and reviewed information we requested from the registered manager around risk management.



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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, the provider had failed to manage medicines safely and properly. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made, there were still areas of medicines management that needed improving. People's health was still at risk of harm.

- Medicines were not always given at the correct times. We found no evidence people had been harmed, however this could result in people being in pain.
- Medicines were not always given with regard to the manufacturer's directions about food.
- Creams were not always managed safely and records about the application of creams were incomplete and could not show creams had been applied.
- Written guidance was in place when people were prescribed medicines to be given "when required" but when medicines were prescribed with a choice of dose there was no information about which dose to choose.
- Stock checks for some medicines showed that the records were inaccurate, and medicines could not be fully accounted for or demonstrate they had been given as prescribed.
- Waste and unwanted medicines were not stored safely in line with current guidance.

This demonstrates a continuing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to effectively manage risks to people's safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made, there were still areas of risk management that needed improving.

- The registered manager had not consistently assessed and managed risks to people's health, safety and wellbeing. Staff were not always provided with up to date guidance on how to keep people safe. We found

care plans and risk assessments did not always accurately reflect people's current needs.

- Staff did not always have the training required to achieve positive outcomes where people displayed behaviours which could challenge the service. Training had been booked for staff, but had not taken place due to the COVID-19 pandemic. The registered manager had put plans in place to address this. Whilst we took this into account in making our judgement, staff still did not have the training required in this area which left people at risk.

This demonstrates a continuing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management of risks around fire safety and other environmental risks had improved. Since our last inspection, the provider had commissioned an external company to carry out a fire risk assessment and had made improvements to fire safety. The provider had implemented additional environmental audits and had employed an estates manager to oversee works and management of risks related to fire safety and the environment.
- The registered manager had made some improvements to how individual risks to people's health and safety were managed. We noted improvements in relation to risks around people's weight, swallowing difficulties, the use of fluid thickener and consistency of food where people required a texture modified diet.

Staffing and recruitment

At our last inspection, we found staff had not received appropriate training. There was no systematic approach to determine the numbers and skill mix of staff needed to meet people's needs. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 18.

- The service was staffed sufficiently to ensure people's needs could be met safely. The manager had introduced a systematic approach to ensure staffing levels were sufficient, based on people's dependency levels, observations and feedback from people who used the service and staff. People told us there were enough staff on duty.
- Staff received training to ensure they had the skills and knowledge to meet people's needs safely. With the exception of training related to the management of behaviours which may challenge the service, as mentioned above, we saw levels of staff training in a range of subjects had improved. This meant staff were better equipped to support people safely. The registered manager shared their training plan with us, which showed how gaps in staff training were being addressed. Comments from people included; "I feel completely safe here, it takes a great pressure off my family." And, "I feel safe with all the care staff."

Preventing and controlling infection

At our last inspection, we found serious concerns with regards to preventing and controlling infection, especially during the time of a national pandemic. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 12, in relation to infection prevention and control.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

At our last inspection, we found systems were not robust enough to demonstrate leadership and quality assurance was effectively managed, in relation to learning from incidents. This is a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 17 in relation to learning from incidents.

- The registered manager had processes to learn and make improvements when something went wrong. Staff documented accidents and incidents. The manager reviewed these regularly to identify and trends or themes. This enabled them to seek advice and refer people to other services, to try to reduce the risk of similar incidents. Lessons learned were shared through daily meetings with senior staff, who shared the information with staff in their area of the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training to ensure they had the knowledge to protect people from the risk of harm. The provider had systems to record, report and analyse any allegations of abuse. Staff understood their responsibilities and knew what action to take to keep people safe, including reporting any allegations to external agencies.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was not always. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, we found systems were not robust enough to demonstrate leadership and quality assurance was effectively managed. This is a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made in respect of governance and quality assurance systems, however, records were not always accurate and up to date. This meant the provider was still in breach of regulation 17.

- Records were not always accurate and up to date. For example, we found records related to medicines, pressure area care and behaviours which may challenge were not always accurate and up to date.

This was a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had introduced new audits and checks on quality and safety. These checks had only just begun to be used at the time of our inspection. We saw they had identified shortfalls in standards and actions taken to rectify them. However, these checks, whilst they had identified shortfalls, had not yet addressed the breaches of regulation in relation to medicines management and records. We recognised this was, in part, due to the checks only having recently been introduced.

- Improvements had been made in relation to management and leadership of the organisation. New staff had been recruited to senior roles to support the registered manager. The provider had introduced new monitoring systems, so they had more effective oversight of the service.

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

- The care and support delivered to people was person-centred. We noted improvements to care planning and risk assessments, although improvements were still required to ensure information was accurate and up to date. Staff had worked to ensure the care delivered reflected people's preferences and met their

needs. People we spoke with were complimentary about the level of care they received. Comments included, "It's lovely living here, it's my home." And, "They are very kind to us and make us feel wanted."

- The registered manager had processes to follow around the duty of candour responsibility if something was to go wrong. The manager knew how to share information with relevant parties, when necessary.

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

- The service engaged with people and staff in an inclusive way. The registered manager used face to face meetings to gain feedback about the service.

- The registered manager engaged with staff. Staff meetings were held, along with individual meetings with senior staff. This gave staff the opportunity to influence how the service was delivered to people.

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had not ensured medicines were managed safely and properly. 12(1)(2)(g)</p> <p>The provider had not ensured risks related to behaviours which may challenge the service were managed effectively and safely. 12(1)(2)(a)(b)(c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured records kept in respect of service users, their treatment and the management of the service were accurate and contemporaneous. 17(1)(2)(c)(d)