The Queen Alexandra Hospital Home

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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

The Queen Alexandra Hospital Home is a nursing home which provides a multi-disciplinary approach to care and rehabilitation of people with neurological and medical disabilities, predominantly, but not exclusively, to people who have served with HM Forces or who had relatives in the forces. The service is registered to provide nursing care for up to 60 people, on a short term or long term basis. The Queen Alexandra Hospital Home has three wards: Alexandra, Norfolk (North) and Norfolk (South). At the time of our visit there were 53 people living at the service and one person receiving short term care. Nine bedrooms were being shared. These rooms were spacious and offered privacy to those living in them. The service is equipped to aid rehabilitation of people back into the community, if appropriate, and to promote independence. Communal areas offered people a variety of options of where they could spend their time including if they were receiving visitors. Premises are purpose-built to meet people's needs.

At the last inspection carried out on the 8 and 9 October 2014 the service was rated Good. At this inspection we found the service remained Good.

We carried out this inspection as part of our routine schedule of inspections and to check that people were still receiving a good standard of care and support.

People and their relatives felt that The Queen Alexandra Hospital Home provided safe care and that premises and equipment were well maintained. Staff, including the nursing team, responded to people's needs promptly and had been trained to recognise the signs of potential abuse; they knew what action to take if they had any concerns. Risks to people were identified, assessed and managed safely by staff. Staffing levels were sufficient to meet people's needs and safe recruitment practices were in place. Medicines were managed safely to ensure people received their medicines as prescribed.

People received effective care from staff that had completed extensive training in a range of areas. Registered nurses completed additional training to meet people's needs. Staff were given opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

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

People were supported to have sufficient amounts of food to eat and plenty to drink to maintain a healthy diet. They had access to healthcare professionals. This included access to professionals employed directly by the service such as speech and language therapists, physiotherapists and an occupational therapist. This meant people's needs could be assessed promptly and support and treatment could be commenced without delay. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were respected by the staff that supported them.

People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided personalised information. People's personal preferences and their likes and dislikes were documented so that staff knew how people wished to be supported. There was a variety of activities on offer which people could choose to do if they so wished.

Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. People and staff spoke positively about their experiences of the nursing home.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service was effective.

A supervision and appraisal programme was in place. The registered manager took immediate action where supervisions for some staff had lapsed.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs. A comprehensive training programme was provided and refresher courses were booked.

People's nutritional needs were monitored and they had access to home cooked food. They had access to speech and language support and to a dietician, so that all aspects of their dietary care was catered for.

People's capacity to make decisions was assessed at the point of admission and throughout their stay. Staff understood how consent to care should be considered.

People had access to health care services and to a range of healthcare professionals on site. Premises were purpose built and equipped to encourage rehabilitation and independence of people using the service.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

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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 checked 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 was a comprehensive inspection.

The inspection took place on 11 and 19 April 2017 and was unannounced.

The inspection was undertaken by two inspectors, a Specialist Advisor who had expertise in nursing care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had expertise in older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we observed care and spent time talking with people and staff. We met with 15 people who were living at the service and three relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities.

We spoke with the chef, three care staff and a maintenance person responsible for health and safety checks separately. We spoke with nurse managers who had the responsibility of managing each ward and

supervising nurses and care staff. We also chatted with various members of the management team throughout the inspection including the human resources manager and the quality assurance nurse. The quality assurance nurse, amongst other areas, was responsible for implementing systems to monitor the quality of care provided to people. We talked with the registered manager (known as matron to both staff and people) throughout our inspection. The provider was also available to answer any of our questions.

We spent time looking at records including four care records, four staff files, medication administration records (MARs), staff rotas, the staff training plan, complaints and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People, without exception, told us they felt safe living at the home. One person said, "I've been here quite a while now and I wouldn't stay if I didn't feel safe". Another person told us, "They do everything to keep you safe and happy". Relatives confirmed they were happy with the safety at the home. One relative told us, "[Named person] is very safe here". Staff had been trained to recognise the signs of potential abuse and knew what action to take. They provided examples of different types of abuse they might encounter. Safeguarding training was also provided as a refresher so staff could update their knowledge on the topic on a regular basis. Three staff members told us they would go to their manager if they were concerned about a person.

Risks to people and premises were in place. We saw risk assessments relating to people's moving and handling, skin integrity, emergency evacuation in the event of a fire and bed rail assessments. We observed staff moving people safely using hoists where required. Turning charts were in place for people at risk of developing pressure areas. A staff member said, "Nurses write risk assessments, they get reviewed every three months and they ask for our input". People's consent had been sought in relation to how their risks were managed. Environmental risk assessments relating to fire extinguishers, fire safety, lifts, gas and electrical safety and water hygiene were all in place.

There were sufficient numbers of staff on duty to keep people safe. Staffing levels varied depending on which ward people lived. For example, on Norfolk north ward there were seven care staff on duty in the morning, including care supervisors and one or two registered nurses. During the afternoon this decreased to five staff. At night, care staff were supported by registered nurses. Staffing rotas we checked confirmed sufficient staffing levels were in place. The registered manager said staffing levels were assessed based on people's support needs. One person told us, "I do think there are enough staff, you always get attended to". Another person said, "I think there is enough staff but I think they could be better utilised sometimes". This was in reference to hearing call bells at night time. They added, "Maybe they're at the other end of the building". We fed back this comment to the registered manager for their review.

Safe recruitment practices were in place. Mostly, staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting. The human resources manager and assistant were in the process of updating their filing systems which included scanning staff documents into their electronic system. We were unable to locate references for one staff member who had recently been promoted to a senior care worker role. Their file referred to references received prior to them commencing their role three years earlier yet hard copies were not available. We spoke with the registered manager and human resources manager about this. They promptly addressed the issue and contacted previous employers for the necessary information.

Medicines were managed safely. Registered nurses and trained care supervisors administered people's

medicines. Comprehensive regular checks were made of medicine stocks, disposal of medicines and that Medication Administration Records (MAR) had been completed to show people had received their medicines as prescribed. We observed staff administering medicines using a sensitive and caring approach. A staff member told us, "Medication is always given on time and supervised".

Good

Is the service effective?

Our findings

At this inspection we found people still received effective care from staff who had been trained in a range of areas. However, routine face to face supervision meetings for some staff with their line manager had not always taken place. A system of supervision and appraisal is important in monitoring staff skills and knowledge and providing staff with opportunities to discuss work related issues. Records showed some staff had supervision every 2-3 months however, this was not consistent. For example, one staff member had one supervision during 2016 and one appraisal throughout 2016 and none yet in 2017. We fed this back to the registered manager. They were quick to take action as this was not in line with their policies and procedures and expectations. The registered manager discussed the gaps with one of the nurse managers who made plans to organise a supervision meeting with the staff member concerned.

Despite the inconsistencies we highlighted, the staff we spoke with told us they felt very supported by the management team and their colleagues. One staff member said, "I can always get the answer to questions and support". Another staff member told us, "I get supervision every two months, yes I feel supported". A third staff member said, "This is the best support I have ever had".

The staff training plan showed staff had completed training in safeguarding, health and safety, food safety, fire safety, moving and handling and end of life care. Registered nurses completed additional training in areas such as tissue viability and pressure area care and wound care. A resident told us, "I think the staff are really well trained, you can always talk to them if anything is worrying you and they'll organise extra help if you need it". Most staff were completing additional qualifications such as Health and Social Care Diplomas to develop their knowledge further. In addition staff meetings were organised and were held monthly. Staff found staff meetings helpful and told us they were encouraged to express their views on all aspects of the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the local authority for DoLS where people had been assessed as lacking capacity and where measures had been put in place to keep them safe. Three DoLS had been authorised by the local authority at the time of this inspection. Staff had completed training on MCA and DoLS and had a good understanding of this legislation. One staff member said, "Just because somebody can't always make a decision about where they live they can choose their clothes or what they want to eat".

People were supported to have sufficient amounts of food to eat and plenty to drink and we observed the lunchtime experience at the home. Staff were all on hand to provide assistance to people where needed; their manner was kind and efficient. One person said, "Its lovely food, very good". Another person told us, "The foods not bad it has its moments". Special diets were catered for and food was provided of the right consistency for people with swallowing difficulties. People's likes and dislikes were all recorded as were any food allergies.

People were supported to maintain good health and had on site access to healthcare professionals such as physiotherapists and external services when needed such as seeing their GP. We were told GPs visited the home twice per week. One person said, "If I need to see the doctor or go to the hospital they sort it all out for me and take me". Another person said, "I think the care is excellent. They organise physio for me. I'd like to get better and they do everything they can to help me". Premises were purpose built and equipped to encourage rehabilitation and independence of people using the service.

Good

Is the service caring?

Our findings

We observed that all staff genuinely cared for people and treated them with respect and compassion. Staff had developed positive relationships with people and used a friendly and patient approach when supporting them. One person told us, "I think they are very caring. I have a named nurse and a key worker that I can talk to if anything is bothering me". Another person said, "I can't fault them. It's the little things like just being friendly and approachable that makes all the difference". A third person said, "The staff care so much, you can feel it in the way that they deal with you so I feel perfectly safe in their hands".

When staff spoke with people, they lowered themselves down to each person's level and made eye contact. The atmosphere at the home was warm and friendly. Some people were happy to sit watching television; others enjoyed time sat in the garden or in their bedrooms alone or with visiting family or friends. Some people were just immersed in their own thoughts, none were ignored. Staff regularly went around to ensure people had drinks and had drunk them and enquired of people that all was well. One staff member said, "I love the relationship we are able to have with residents and their families". A resident chaplain was accessible to all people. This meant there were opportunities available to meet people's religious and spiritual needs if they so wished.

People were involved and encouraged to be as independent as possible with their own care. They were provided with choices such as what they wanted to eat, drink and how they wished to spend their day. One person said, "They always ask before doing things for you, they don't just treat you like an object and they explain to you". Another person said, "They're very patient and they encourage me to do as much as I can for myself".

Staff told us they would always support people to express their views. One staff member explained how they consulted people on day-to-day decisions, such as whether they would like a wash or what they would like to wear. They explained, "All their choices are asked daily". People discussed their care and care plans with the nursing staff. The registered manager said that people were involved in drawing up their care plans on admission and that relatives were encouraged to be involved too. One person told us, "My care is reviewed every six months and they always arrange it to fit in with my family".

There were signs available to be used on people's bedroom doors to alert others they may not wish to be disturbed. Staff explained how they treated people with dignity and respect. One said, "We use the signs for people's doors, we draw curtains and blinds and close doors behind us to protect their dignity". One person said, "They make sure my curtain is shut".

Some people spent their last days at The Queen Alexandra Hospital Home and staff had been trained in end of life care and compassion awareness training. When needed care plans reflected any additional needs and aimed to ensure a comfortable and dignified death. Where possible, care staff attended people's funerals. One staff member told us, "I am very interested in end of life care". They told us they hoped to attend more training on the topic very soon.

Good

Is the service responsive?

Our findings

People received personalised care and a tailored rehabilitation programme. Care plans provided detailed information and guidance to staff on how to support people in a responsive way. Care plans were reviewed regularly by registered nurses and included information provided at the point of assessment to present day needs. The care plans provided staff with detailed guidance on how to manage people's physical and/or emotional needs, their goals and their aspirations. This included guidance on areas such as communication needs, behavioural needs and continence needs. Each person had a physiotherapy timetable so they knew when they had an appointment with one of the employed physiotherapists. One person lived with epilepsy. Their care plan provided information on their type of seizures so staff knew what to expect and what to do in the event of the person having one. Another person displayed behaviours which may challenge others due to their particular diagnosis. Their care plan clearly described the behaviours they may exhibit and suggestions for staff on how to manage this. The guidance available gave staff tools to ensure the person was supported sensitively and they and others were protected from harm. One person told us, "I have a care plan and the family know all about it and are fully involved in it. I think they (staff) assess how your doing on an almost daily basis so they know if there's any changes that need to be made". Another person told us, "My care plan was discussed with me and my family". A third person said, "Both my wife and I were fully involved in the care plan that I have ".

Handover meetings occurred between shifts, three times a day. A member of staff explained, "They are 15 minutes" and told us additional significant information was written into people's daily notes ready accessible to the person and for the staff team to refer to. A 'This is me' document was kept in each person's bedroom which included relevant key information pertinent to the person being written about.

People told us that various activities were organised at the home which incorporated their individual interests and hobbies. The home had a large activities room and an activities co-ordinator (known to people and staff as social recreation manager) ran a weekly schedule of events. This included various arts and crafts, we observed people painting on the first day of our inspection. People were encouraged to access the community and fully utilise the surrounding grounds. One person said, "They did a risk assessment on me when I came in and decided I needed one member of staff to take me down to the town usually once a week. One person told us they preferred their own company, enjoyed listening to music and being visited by family so was supported by staff to spend their time in this way. Minibus and coach outings were also organised so people could go out into the community. On our arrival for the second day of our inspection the home's coach was being prepared for a trip to Devils Dyke in the South Downs near Brighton.

Complaints were managed in line with the provider's policy and were acknowledged and resolved as quickly as possible. One person told us, "If I had to complain, there's nothing to complain about". They added, "I'm sure it would be quickly sorted if there was a problem". Another person told us, "The Matron would sort it out if I had to complain I know, but there's very little to complain about. The service is tremendous!"

Good

Is the service well-led?

Our findings

The provider's Statement of Purpose records, 'Our philosophy is to look after our residents in the best possible way, in a home-from-home environment and to meet Medical, Nursing, Social, Spiritual and Psychological needs'. From our observations, it was clear that the objectives in this Statement of Purpose had been achieved. People and their relatives we spoke with told us home was managed well. One person told us, "I think the home is well run, every month Matron has a meeting with the residents and asks us what we would like to do and what food we don't like. They listen to what you say and act on it". They added, "I think they run it really well". Another person told us, "I do think they do a good job and it's well run. Matron comes round and checks everything is okay regularly".

Records confirmed people and their relatives and staff were provided with opportunities to influence changes and develop the home further. This included regularly planned resident and staff meetings. Minutes to meetings provided details of items discussed and actions taken by the management team. People were also given 'resident satisfaction survey' to complete annually. A booklet shared an overview of the key points arising from 2016 surveys. The overview was split into five key areas including people's views on the personal care and support they receive and management. The results showed 88% were satisfied with how personal care was given and 78% of people were satisfied with the management of the home. The survey provided comments on how they would use the information and comments given to improve the care they provided to people.

There was a registered manager in post who had been working at the home for many years. 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.

The registered manager was directly involved in training the staff in topics such as MCA and providing supervision and support to ward nurse managers and other non-clinical staff. The management structure of the home had various members who complimented each other. They ensured a supportive network was in place for the care staff team and to ensure they met all aspects of people's needs. There were effective communication systems in place. Staff told us they valued the management team and recognised they worked in a home which provided a high standard of care to people. One staff member told us, "Communication in the team is outstanding". Another staff member said, "You want to come to work". A third staff member said, "[Named registered manager] cares about people". A relative told us they appreciated the reception they were consistently given when they visited their family member. They told us, "Families are made to feel welcome". The registered manager shared their enjoyment for their job and told us, "I am very passionate about supporting people with physical disabilities".

A range of audits were in place to monitor and measure areas of the service provided such as care, infection control, hoists, clinical waste, communication and food hygiene. These helped to drive continuous improvement.