

HC-One Limited

Alexander Court (Sheffield)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alexander Court (Sheffield) is a residential care home which provides accommodation and personal or nursing care to adults with a range of support needs. The home can accommodate up to 60 people in an adapted building across two floors. At the time of this inspection there were 35 people using the service.

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

People and their relatives were happy with the quality of care they received. A relative commented, "When my [family member] moved into the home, they were so poorly, I didn't think they would survive. They are so bright and healthy now. I honestly can't thank the staff enough." People received person-centred care which was responsive to their individual needs and preferences. Staff knew people very well. A range of activities were provided to keep people occupied and entertained. People's relatives were being supported to visit the home in a safe way, in line with governance guidance during the COVID-19 pandemic.

People told us they felt safe and we found the provider had systems in place to protect people from avoidable risks. People's medicines were managed safely. The home was clean and people were protected from the risk of infection. There were enough staff to keep people safe and meet people's needs, though some people told us there were occasions when they had to wait for support.

The service was well-run. Everyone we spoke to told us the registered manager and representatives of the provider were approachable and listened to any issues they raised. Any complaints were appropriately managed. The provider and registered manager had implemented suitable systems to monitor and improve the safety and quality of the service. There was a friendly, welcoming culture within the service. Staff felt well-supported and they were aware of their responsibilities. Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.

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

Rating at last inspection

The last rating for this service was requires improvement (published 25 April 2019). At that inspection we identified one breach of regulation in respect of the recruitment of staff. We asked the provider to complete an action plan to explain what they would do and by when to improve.

We completed a targeted inspection (published 5 March 2021) to check whether the provider had made the necessary improvements. We found improvements had been made and the provider was no longer in breach of regulations.

At this inspection we found the provider had sustained those improvements and the provider was not in breach of any regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the key question of 'is the service safe?'. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was a focussed inspection to review the key questions of 'is the service safe?', 'is the service responsive?' and 'is the service well-led?'. This report only covers our findings in relation to these key questions.

We did not review the key questions of 'is the service effective' or 'is the service caring?'. The ratings for these key questions, which were awarded at the last comprehensive inspection (published 25 April 2019), were used to calculate the overall rating at this inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Alexander Court (Sheffield) on our website at www.cqc.org.uk.

The overall rating for the service has changed from requires improvement to good. This is based on our findings at this inspection.

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 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.

Alexander Court (Sheffield)

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

This inspection was completed by two inspectors 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.

Service and service type

Alexander Court (Sheffield) 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 CQC. 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 the service short notice of the inspection to ensure the service was not experiencing significant pressures as a result of the COVID-19 pandemic at the time of 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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this

information to plan our inspection.

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.

During the inspection

We spoke with four people who used the service and 11 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, nurses, care staff and other ancillary staff.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

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

After the inspection

We sought further records from the registered manager. They were provided in a timely manner and were used to inform our judgements.

Is the service safe?

Our findings

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

At the inspection on 13 March 2019 this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse. Staff received training about how to safeguard adults from abuse and they were all confident the registered manager would act quickly on any concerns they raised. When required, the registered manager made referrals to the local safeguarding authority.
- People and their relatives felt confident about reporting any issues or concerns. People's relatives were satisfied their family members were safe. Without exception, all relatives we spoke with told us they had no concerns at all about their family member's safety.

Assessing risk, safety monitoring and management

- People were protected from avoidable risks and their safety was promoted. People's care records contained assessments which identified specific risks posed to them, and clear guidance for staff about how to manage those risks.
- Risks to people were kept under regular review and staff were knowledgeable about the action they needed to take to keep people safe.
- Staff completed regular checks of the building and the equipment they used, to ensure it remained safe. The premises and equipment had necessary safety certificates in place.

Staffing and recruitment

- There were enough staff deployed to keep people safe. There was a continuous staff presence throughout the home and staff engaged well with people throughout the day. The provider and registered manager considered people's needs and dependency levels when determining how many staff were needed on each shift.
- We received mixed feedback from people using the service and their relatives about staffing levels. Some people and relatives said there were occasions when staffing levels were too low and people had to wait for staff support. We checked staff rotas and found staffing levels were consistent and had been increased when necessary. The provider also utilised agency staff to cover shifts in the event of staff absence or sickness.
- Staff told us they could meet people's needs and keep people safe, but also said there were times when they were very busy. The provider confirmed they had already scheduled a full review of staffing levels and staff deployment to ensure it remained appropriate.
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. People's medicines were ordered, stored, administered and disposed of

safely. People received their medicines as prescribed.

- Staff were patient and respectful when they supported people to take their medicines.
- The provider used an effective audit system to regularly check medicines continued to be managed safely. This supported them to identify any issues or risks at an early stage, so suitable action could be taken.

Preventing and controlling infection

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

Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. All accidents and incidents were recorded by staff and analysed by the registered manager, to try to identify any themes or trends. This information was used to help reduce the risk of repeat events and to make continuous improvements to the safety of the service.
- The provider shared any learning from accidents and incidents in their other services. The registered manager used this information to make changes and improvements to Alexander Court (Sheffield).

Is the service responsive?

Our findings

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

At the inspection on 13 March 2019 this key question was rated 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

- People's care plans were person-centred and easy to navigate. The content of people's care plans demonstrated staff had a good knowledge of people's needs, preferences, likes and dislikes and personal histories. This supported staff to deliver individualised care to each person.
- People's cultural needs were assessed and met. A relative told us the cook had proactively sought information about their family member's dietary requirements to ensure they were provided a culturally appropriate diet.
- People's care plans were regularly reviewed to ensure they remained up to date and were responsive to people's needs. People and their relatives were involved in this process to ensure their care remained in line with their preferences. Comments from relatives included, "Every so often they take us through [name of family member's] care plan and ask for feedback" and "Yes, they have [involved me in care reviews]. They made a real point of making sure they know what [my family member's] likes and dislikes are."
- Staff knew people very well and delivered care in accordance with people's preferences. A relative commented, "They know [name of family member] really well and they go out of their way to make sure they're happy."

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 able to take part in different activities according to their interests. The provider employed a well-being lead to arrange a variety of activities. Staff sought information about people's previous hobbies and interests to support them to continue to take part in things that were of interest to them.
- The provider was following the government guidance in respect of supporting people's relatives and friends to visit the home, in a safe way, during the COVID-19 pandemic. At times when relatives were unable to visit due to national restrictions, they told us staff were good at keeping in touch with them.

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.

- People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure in place, which was followed by the registered manager and staff.
- People and their relatives told us they felt able to raise any issues or concerns with the registered manager and staff. One relative commented, "They are responsive to any issues we raise. They've all been taken care of. There are things we suggest, and they listen and sort it out."

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were given the opportunity to express how they would like to be cared for at this time and their relatives were involved in these discussions when this was appropriate. A relative commented, "Yes, we have discussed [end of life wishes]. The care home has been brilliant. It was very sensitively handled."
- Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and palliative care nurses. This helped to ensure people received consistent and coordinated support.

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 inspection on 13 March 2019 this key question was rated requires improvement. At this inspection this key question has improved to good. 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

- There was a registered manager in post who provided effective support to the staff team. All staff told us the registered manager was approachable and supportive. People and their relatives told us they thought the home was managed well and that this had improved over recent years. A relative commented, "The new manager is very much more on the ball."
- The provider, registered manager and staff were all keen to provide high-quality, person-centred care. We observed a positive and welcoming culture within the home. New staff told us they had been welcomed into the service and staff spoke about how they aimed to treat everyone as they would wish to be treated.
- The duty of candour requirement to be open and honest in respect of certain events had been complied with by the registered manager.

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

- Staff were clear about their roles and responsibilities. The registered manager understood the regulatory requirements and pro-actively provided information to CQC following significant events at the service.
- The registered manager and senior staff regularly completed a range of checks on the quality and safety of the service provided. This supported them to identify any areas for improvement. Where improvements were identified, they were acted on and implemented.
- The provider maintained oversight of the home to help ensure it continued to meet their expectations. Representatives of the provider regularly visited the home to undertake their own checks on the quality of the care provided and to make sure necessary improvements were being made.

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

- Staff had opportunities to provide feedback about the home. The registered manager held regular 'flash meetings' to provide staff with opportunities to share ideas or concerns with each other and help ensure staff were aware of any changes in people's needs.
- People and their relatives were asked for their views about the care they received, and their feedback was used to improve the service. During the COVID-19 pandemic the provider had utilised technology effectively to ensure people's relatives continued to have opportunities to provide feedback. For example, they conducted meetings for relatives via video calls and involved them in care reviews over the telephone.

- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.