

Mr & Mrs M Noorbaccus

# Alexandra House - Oxted

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Alexandra House - Oxted is a small residential care home providing accommodation and personal care to a maximum of five adults with a learning disability. At the time of our inspection the service provided care to three people. All of the people and the staff have been at the service for a number of years.

The home is a semi-detached house situated in a residential area of Oxted, Surrey.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Some aspects of medicines management needed to be improved. Risks to people had been assessed and mitigated. Individual emergency plans had not been regularly reviewed, although people's needs had not changed.

The systems in place to monitor the service needed to be improved. The providers policies needed updating to reflect current guidance and legislation. The providers current rating was not displayed within the home in line with regulatory requirements.

People were protected from potential abuse. Staff felt confident to raise concerns with the provider and were aware of external agencies where they could report concerns.

We reviewed staffing rotas that demonstrated there were enough staff available to meet people's needs.

People made choices around their meals and were supported where they were at risk of losing weight. People's healthcare needs were assessed and met by a range of healthcare professionals.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible

for them to gain new skills and become more independent.

We observed staff were kind and caring. Staff supported people in making decisions about their care. People accessed activities of their choosing.

People were encouraged to be involved in the running of their home as much as they were able to be. Staff commented positively about the support they received from the registered manager who was also the provider.

People's care plans were detailed, and person centred.

We made one recommendation to the provider relating to the management of medicines.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published January 2017).

This was a planned inspection based on the previous rating.

Follow up

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

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Alexandra House - Oxted

## 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 two inspectors.

#### Service and service type

Alexandra House Oxted 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 two managers registered with the Care Quality Commission. The registered managers were also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. One of the providers was present during the inspection.

#### Notice of inspection

The inspection was unannounced.

#### What we did 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 improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

#### During the inspection

As part of our inspection we were able to meet with the three people, however they were unable to tell us verbally about their experiences of life at the home. We therefore used our observations of people interacting with staff to help us form our judgements. We spoke with three members of staff and one of the registered managers [the provider]. We reviewed a sample of people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, training records, policies, audits and complaints.

After the inspection

We contacted two health and social care professionals who regularly visit the service and one person's relative for their feedback.

# 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 deteriorated 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

- We reviewed people's medicines administration records (MARs) and found there were gaps in the recording of people's medicines administration. These had not been identified by the provider. We requested the provider investigate the reason for the gaps. They identified this was a recording error rather than the medicines not being given.
- Where staff had written entries on to the MAR, these were not double signed by staff to ensure an accurate account was recorded.
- Some people were prescribed creams and required staff support to apply these. There was guidance in place for staff to instruct them where to apply the cream. The guidance however, had not been regularly reviewed to ensure it remained accurate.
- One person had medicines allergies recorded on a document in their MAR folder. However, they were not recorded on the persons MAR to ensure additional checks could be made by the pharmacist about prescribed medicines.
- One person was prescribed a paraffin based cream. This had not been assessed to identify the risks relating to exposure to fire. The provider told us they would complete this.
- Medicines were stored safely and securely.

We recommend the provider consider current guidance on supporting people with their medicines and take action to update their practice.

### Assessing risk, safety monitoring and management

- People had individual risk assessments. These included; keeping safe, accessing the community and accessing vehicles. Identified risks had guidance for staff about how to reduce the potential risk to people.
- One person had an eating and drinking (SALT) plan in place, their choking risk assessment did not refer to the plan. The SALT plan however was present in the person's care plan and staff were aware of the person's needs.
- The service environment and equipment were maintained. Records were kept of regular health and safety checks.
- Individual emergency plans were in place to ensure people were supported to evacuate in an emergency. These had not been regularly reviewed, although people's needs had not changed.

### Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of

how to report it. For example, one staff member said, "I would tell the manager [provider], I am happy they would take action. It's part of the job to protect residents. I know I can call, police or the Care Quality Commission (CQC). I've never seen anything here; any small complaint gets dealt with."

- There had been no recent safeguarding incidents, the provider was aware of their responsibility to report any incidents to the local authority.
- Staff received safeguarding training and regular updates.

#### Staffing and recruitment

- There had been no new staff employed at the service since 2011. The provider was aware of their responsibility to ensure safe recruitment processes were followed.
- There were enough staff to provide people with safe care and support. Staff responded when people requested their support.

#### Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The home was clean and free from malodours.

#### Learning lessons when things go wrong

- There had been no recent incidents or accidents in the service. The provider and staff told us if there was an incident or accident, action would be taken to minimise the risks of a 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 care plans were based on their assessed needs and preferences.
- Information in the care plans was recorded in line with national guidance. For example, where people had specific health needs these were detailed, and guidance was in place for staff.
- People had detailed plans in place for how staff supported them with oral hygiene.

Staff support: induction, training, skills and experience

- People were well cared for by staff who had knowledge and skills to meet people's needs.
- There had been no new staff employed in the service since 2011. Staff told us their training was good and they had gained qualifications in care.
- One staff member told us, "The training is ok, we all have qualifications and receive regular updates on our training."
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "We can talk about anything and [name of provider] asks us questions."

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

- People were involved in choosing their meals and staff gave them support where required. Staff told us they used pictures of meals to support people to communicate their choices.
- People were supported to eat meals that they enjoyed in line with their dietary requirements.
- Where required people's weights were monitored. Staff supported people where they were at risk of losing weight.

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Records showed people accessed the opticians, GP, and chiropody appointments. Referrals were also completed for dieticians and speech and language therapists where required.

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

- The home was suitable to meet the needs of the people. A chair lift had been installed to support people to use the stairs.
- People had personalised their bedrooms with pictures and items of their choosing.

#### 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.

- People were supported by staff to make day to day decisions about their care.
- Where more complex decisions needed to be made capacity assessments were completed. For example, managing finance and medicines. We reviewed capacity assessments and found that best interest decisions were not always recorded in line with the Act. We discussed this with the provider who confirmed they would review how best interest decisions were recorded.
- At the time of our inspection, all three people had an authorised DoLS. Where conditions had been agreed on the DoLS. We saw these were being met.

# 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

- People were not able to tell us their thoughts on the staff. However, we observed people looked happy and comfortable in their presence.
- Staff had worked in the home for a long period of time and knew people very well. Staff spoke positively about their work and the people they supported.
- Information relating to people's chosen faith was recorded in their care plans. The provider told us a priest used to visit the home, however one was not currently available. The provider told us they would look into this.
- Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people.

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

- People were involved in making day to day decisions about their care.
- Staff told us they involved people in making decisions and respected their wishes. One staff member told us, "We offer choices of activities, meals, if they want to go out, we have the minibus. We ask them what they want to do and it their choice."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff were discreet when assisting. One staff member described how they supported people with personal care, encouraging them to do as much as they could for themselves and giving them privacy.
- People were supported to maintain and develop relationships with those close to them.
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves.

# 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

- People received personalised care that was responsive to their needs. Care plans were person centred, detailed and relevant to the person.
- Staff we spoke with could tell us about people's preferred routines, their likes and dislikes and what was important to 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 individual communication needs were assessed and recorded in line with the AIS. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- There were a range of communication tools available such as picture cards. People's care plans included pictures and symbols to enable them to be understood by people.
- People had health action plans in place and documents in an easy to read format using pictures, should they need to be transferred to a hospital. This is to ensure the hospital staff would be aware of the person's needs.

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 to follow their interests and take part in activities of their choosing.
- The service had a minibus available to transport people to the local community and places of interest.
- We observed staff engaging people in activities in the home.

Improving care quality in response to complaints or concerns

- People living at the home were unable to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew if people were not happy by how they expressed themselves, they described how they responded to this at the time to try and resolve the issue.
- The complaints procedure was available in a pictorial format to make it easy to read. There had been no complaints raised in the service since the last inspection.

End of life care and support

- Care plans included information relating to end of life care. We discussed with the provider how the plans could include some additional information to make them more person centred.
- At the time of the inspection no one was receiving end of life care.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. 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

- There were two registered managers who were also the providers. One of the providers was present during the inspection and they had regular oversight of the service. They attended the service five days a week and knew the people and staff team well.
- Whilst the provider had oversight of the service, they had not identified some of shortfalls we found. These included concerns we identified relating to medicines and some documents being out of date.
- We also found the providers policies did not refer to current guidance and legislation, the provider told us they would update these.
- The providers current rating was not displayed within the home in line with regulatory requirements.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management structure in place.
- The provider was aware of their responsibility to notify the Care Quality Commission (CQC) of incidents in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew who the provider was and they responded well to them.
- Staff spoke positively about the culture of the service and staff team. One staff member told us, "There is nothing I could think I would change here. It is a lovely little home and we are like a family."
- Staff told us the provider was always available and approachable. One staff member told us, "[Name of provider] is a supportive manager. They are dedicated and if I need to speak to them I can ring him any time." Another commented, "[Name of provider] is helpful and you can talk to them."

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 provider understood their responsibility to let others know if something went wrong in response to their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents meetings were held for people to express their views and be involved in the running of their

home. Areas covered included, activities, outings, meals, complaints and general items relating to the home.

- Staff confirmed they attended staff meetings. One staff member said, "They are once a month and I do feel listened to."

Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.