

HC-One Limited

Alexander Care Centre

Inspection report

21 Rushy Mead
Lewisham
London
SE4 1JJ

Tel: 02083145600
Website: www.hc-one.co.uk/homes/alexander-care-centre

Date of inspection visit:
22 July 2021
03 August 2021

Date of publication:
07 October 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Alexander Care Centre is a residential care home. At the time of the inspection the service was providing personal and nursing to 72 people, some living with dementia or physical disabilities. The service can support up to 78 people. The accommodation was spread over three units.

People's experience of using this service

People and their relatives gave positive comments about their experience of receiving care and the management of the service. A relative said, "Nothing is too much trouble for the staff, I have no worries about my [family member]."

People, relatives and staff praised the management team for their support, openness and transparency. Monitoring checks were completed and an action plan implemented to ensure people received good quality care. However, notification of incidents were not always reported to the Care Quality Commission as legally required.

The provider had an assessment that identified the numbers of staff required to meet people's needs safely.

Staff had a good understanding of the provider's safeguarding processes and knew what actions to take to report any harm and abuse.

Staff were recruited safely, they completed an induction and training to support them to provide safe and effective care and to meet the care standards.

People were supported with taking their medicines to manage their health care needs. Records used in the administration of medicines were completed accurately and reviewed to ensure they were of a good standard.

Staff assessed risks to people's health and wellbeing and had developed plans to manage these. Staff reviewed people's needs to ensure these were relevant and continued to meet people's needs and reduce risks.

There were suitable measures to protect people from COVID-19, including the use of protective personal equipment (PPE), testing and vaccination. The service was clean and hygienic throughout, with enhanced cleaning of frequently touched surfaces to protect people from cross infection. The service had a designated infection prevention and control (IPC) lead who had been trained and was knowledgeable about the current guidance. The service's IPC and COVID-19 policies were up to date. Managers contacted their local health protection team in a timely way when they suspected a COVID-19 outbreak.

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.

Rating at last inspection

The last rating for this service was requires improvement (published 25 April 2019).

Why we inspected

We received concerns in relation to the management of risks, quality of care records, recruitment and staff support. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. 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.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. However, well-led has remained requires improvement due to the failure to send CQC notification of incidents as required. Please see the Safe, Effective and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexander Care Centre on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective 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 

Alexander Care Centre

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 carried out by two inspectors, a specialist professional advisor, who was a registered nurse 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 Care Centre 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

This inspection was unannounced.

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 professionals who work with the 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 of this information to plan our inspection.

During the inspection

We spoke with 10 people using the service and three relatives. We spoke with six members of staff including the registered manager, two nurses and two care workers and the chef. We reviewed a range of records. This included 10 people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating 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 multiple medicines and quality assurance records. We spoke with one health and social care professional who regularly visits the service.

We asked the provider to share a questionnaire with the staff team to give them an opportunity to give us feedback about their experience of working for the service. We received feedback from a further 10 care workers.

We provided formal feedback to the management team on 22 July and via a video conference call on 27 July 2021.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last comprehensive inspection in January 2019, we found systems were not in place to ensure safer recruitment procedures were followed and staff records were complete. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this part of regulation 19.

- People and relatives told us that the service was safe and there were enough staff supporting them when they needed. Comments included, "Yes, I feel safe because I can press my call bell, and they come reasonably quickly" and "Yes, [my family member] is safe. We researched a lot of homes, but this is the best place we found."
- The provider assessed staffing levels to ensure people's needs were met. Staff we spoke with told us there were enough staff on each shift. One member of staff said, "We have enough staff, of course when it gets busy every home could have more, but we are ok."
- The provider had an effective recruitment process for the employment of suitable staff. Staff had pre-employment checks completed before they were confirmed in post. Checks included job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Using medicines safely

At the last comprehensive inspection in January 2019 we found systems were not in place to ensure the safe management of medicines. 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 enough improvement had been made and the provider was no longer in breach of this part of regulation 12.

- People had their medicines administered to help them maintain their health care needs. Medicines were managed consistently and safely in line with national guidance.
- Medicines were stored appropriately in an allocated room and in locked trolleys. Medicine Administration

Records (MARs) were completed accurately. They contained sufficient information such as details of allergies of each person to ensure safe administration of their medicines.

- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.
- There were checks of medicines stocks to identify any concerns and address any shortfalls. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered them.

Assessing risk, safety monitoring and management

At the last comprehensive inspection in January 2019 we found risks to people were not always assessed. 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 enough improvement had been made and the provider was no longer in breach of this part of regulation 12.

- Risks to people were assessed, reviewed and monitored effectively. Management plans were in place to reduce those risks and to keep people safe.
- People had risk assessments in place which were specific to manage risks. For example, a person had a moving and handling plan which detailed the staff and equipment needed for safe movement. We saw another example where a person with impaired swallowing was at risk of choking. They had an eating and drinking plan, choking risk assessment and guidance for staff on how they would support the person to eat in a safe way.
- The provider had systems in place to assess risks to people in the event of an emergency. The provider had fire safety equipment and the London Fire Brigade had carried out a fire safety assessment of the service. The registered manager followed the advice provided.
- We saw records that confirmed planned maintenance of fire safety equipment was carried out. Each person had a personal plan for evacuating in the event of a fire or emergency.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach. This is in relation to the local authority recommendations to record cleaning of mattresses and often touched areas because these charts were not completed on the weekend.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said the service was safe. One person said, "Yes, I am safe because everything is secure. If there is a problem, they act, do whatever is necessary."
- People were protected from the risk of harm and abuse. Staff understood the provider's safeguarding processes to identify and protect people from the risk of harm and abuse.
- Staff had safeguarding training which was refreshed every two years. Staff displayed a good understanding of what actions to take to report potential abuse to keep people safe.

Learning lessons when things go wrong.

- The provider had systems in place to record and monitor safeguarding allegations, incidents and accidents that occurred at the service.
- The registered manager maintained a tracker, which helped them to identify any incident patterns and trends. The outcome from the analysis of this data was shared with staff for their learning and to take some actions to reduce the risks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staff support: induction, training, skills and experience

At the last comprehensive inspection in January 2019, we found systems were not in place to ensure staff had access to regular training, supervision or an appraisal to support them in their role. These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this part of regulation 18.

- The provider had a programme of training and support for staff. Newly employed staff completed an induction to help them understand the organisational policies and procedures and people's individual needs.
- Trained staff supported people to meet their needs effectively. Staff reported having training, one member of staff told us, "I have received relevant training to do this job."
- Staff developed their skills and knowledge through training in moving and positioning, medicine management, safeguarding adults, infection control and fire safety.
- All staff had an arranged supervision and appraisal plan for the year.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- The registered manager understood their responsibilities to follow the principles of the Mental Capacity Act 2005 (MCA).
- Staff assessed people's capacity to make specific decisions about their care needs. People received support if they could not make decisions independently for themselves.
- The registered manager maintained a system to record and monitor Deprivation of Liberty Safeguards (DoLS) applications and authorisations. The tracker recorded when DoLS authorisations were due for renewal.
- Care plans included details of DoLS authorisations and the support people needed in line with the guidance.

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

- Staff monitored people's health and wellbeing needs. Any changes or concerns were reported to the registered manager for advice.
- The registered manager and staff made referrals for advice to relevant health and social care professionals and services. We saw examples when staff had contacted local commissioning teams and dietitians, sharing any concerns with them. A health and social care professional told us they had worked with the registered manager and other staff to improve the quality of the care.
- People who required support from their GP or other health professional were offered an appointment. Due to the COVID 19 pandemic, health consultations often happened over the telephone or via video calls. Any recommendations made were included in people's care plans and shared with staff, so people received the appropriate level of care and support required to meet their needs.

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

- People gave their views of their needs and how they wanted to receive care and support, before they began living at the home.
- Health and social care professionals provided staff with relevant information about people. People, relatives and professional's views helped staff to develop an appropriate plan of care.
- Staff planned and delivered people's individual care requirements and choices to ensure those individual needs were met.

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

- People were supported with food and drinks throughout the day which met their preferences, nutritional and hydration needs.
- People told us they were happy with choice of meals on offer. Comments included, "The food is lovely" and "The food is very good." Kitchen staff had an awareness of people's individual dietary needs.
- Where people were at risk of malnutrition, meals were fortified to reduce this risk. A member of staff said, "We are aware of who needs special meals and we work with the dietician and SALT (speech and language therapists). People get enough food and drink."
- People nursed in bed had access to drinks throughout the day and, where there was an identified risk, people's fluid intake was monitored and recorded.

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

- The design of the home met the needs of people living at the service.
- The home was in good decorative order with large communal areas and a wheelchair accessible, well-maintained garden.
- Staff supported people to walk safely and with purpose within the home. A relative commented, "[My family member] likes to [walk purposefully], the garden is all enclosed, so they cannot come to any harm."

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 people's needs were not always met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last comprehensive inspection in January 2019, we found systems were not in place to ensure people's care records were accurate and complete. Systems used for the monitoring, reviewing and improving the service were not always effective. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this part of regulation 17.

- Staff and people understood the management and organisational structure and who to report concerns to. People and relatives commented, "The manager is very approachable" and "Staff are very approachable." Two members of staff told us, "The new manager has really improved morale" and "Staff are now smiling. You can see that they all feel more confident. He has changed the standard of care."
- Since our last inspection, the monitoring systems had improved. The auditing systems were robust to identify any safety issues or concerns. Additional monitoring was completed by one of the provider's senior managers who provided the registered manager with a comprehensive action plan.
- The registered manager ensured checks took place to ensure the service was meeting the provider's standards and people received safe and appropriate care. Checks were carried out on fire safety, quality of care records, medicines management and training and staff support.
- Care records were kept in a secure place and access was limited to those with overall responsibility for the day-to-day care. People's confidential information was kept safe in line with current data protection guidance.
- The registered manager ensured staff continued to meet together as a team. Whole team meetings including the care, nursing, domestic and maintenance staff took place to share information.
- Staff meetings were used to discuss record completion, cleaning schedules, best practice and guidance, use of PPE, COVID-19 testing, social distancing and the home's visiting policy.

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 registered manager sent most notifications of incidents to CQC. We checked their safeguarding records against ours and we found one safeguarding incident that was not report to CQC or the local authority safeguarding team.

CQC are considering whether there is any action to take for the provider failing to send statutory notifications in a timely manner.

- The registered manager had been open, honest and transparent and shared information when concerns were raised or when things went wrong with relevant health and social care authorities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives shared with us they were generally happy with the service and praised the staff that supported them. We received comments like, "Yes, they do look after me. They make sure I am dressed appropriately. It is clean, and staff are very kind" and "(My family member) has improved a lot since she came here. I am very happy with the care she gets here. If I have any concerns it is always addressed, and the staff are full of kindness."
- Staff worked with people to provide person centred care. Staff regularly reviewed care and support plans to ensure new needs were recorded with clear staff guidance to achieve good care and support good outcomes for people.
- The provider had followed government guidance to support people's family visiting the home during the COVID 19 pandemic. One relative told us, "The staff have been great in keeping COVID 19 at bay."
- Care records contained details of people's cultural and religious needs and the specific support people required to meet these needs.
- The service sought feedback from people and their relatives by asking them for their views of the care received and of the overall service.

Continuous learning and improving care

- The provider had a commitment to continuous learning and development at the service.
- The registered manager and staff were aware of the outcome and any actions to be taken to make improvements following a review of the service June 2021.
- The registered manager had acted on these concerns and learned from this feedback to improve the overall quality of care.

Working in partnership with others

- The provider worked in collaboration with health and social care professionals to monitor and improve people's experiences of receiving care. Staff had developed good working relationships with staff from the local authority to seek advice and practical support for people.
- Records showed that staff frequently contacted health and social care services when required during the COVID-19 pandemic to ensure people received continuity of their care.