

Tameng Care Limited

Alexandra Care Home

Inspection report

Wargrave Road
Park Road South
Newton Le Willows
Merseyside
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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

This unannounced inspection of Alexandra Care Home took place on 14 August 2018.

At the last inspection on 9 February 2016, the service was rated 'Good'. We found during this inspection that the service remained 'Good.'

Alexandra Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Alexandra Care home is registered with CQC to provide the following regulated activities; accommodation for people who require nursing and personal care, treatment of disease disorder or injury, and diagnostic and screening procedures.

Alexandra Care Home is a two-storey building, situated in Newton le Willows.

At the time of our inspection there were 44 people living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Rotas showed there was enough staff at the home to support people safely. However, some staff raised that due to a recent staffing reduction on the ground floor, they sometimes felt there was not enough of them to be able to spend more time with people or take them out. A dependency tool was in place to determine people's level of need, and this was being utilised, however, some staff still felt there was not always enough of them on duty. We discussed this at the time with the registered manager who informed is they would raise this with the registered provider.

Some of the information relating to the recording of environmental checks was confusing and duplicated. We raised this at the time of our inspection with the registered manager for further consideration. This was actioned straight away.

Practices relating to medication storage and administration were safe. We found some bottles of medicine were not dated when opened, however the registered manager rectified this straight away.

Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse this included 'whistleblowing' to external organisations. The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely. Risks were well

assessed and information was updated as and when required.

All newly appointed staff were enrolled on a work based induction when they took up post at the home. Records showed that all staff training was in date. There was a supervision schedule in place, all staff had received up to date supervision and most had undergone an annual appraisal. Those due were booked in to take place.

We saw that where people could consent to decisions regarding their care and support this had been documented. Where people lacked capacity, the appropriate best interest processes had been followed. The service was working in accordance with the Mental Capacity and DoLS (Deprivation of Liberty) and associated principles. We checked the status of peoples DoLS and any conditions on their authorisation. The registered provider had a system in place to ensure this was monitored.

The environment was pleasant and homely. There was an ongoing programme of refurbishment and we saw some people's bedrooms would benefit from this.

People we spoke with were complimentary about the staff, the registered manager and the service in general. People and relatives told us they liked the staff who supported them. We observed staff treating people with kindness and dignity throughout the day. Staff were able to give us examples of how they preserved dignity and privacy when providing care.

There had been three complaints received. The complaints process was well managed and documented in accordance with the provider's complaints policy.

Care plans contained information about people's likes, dislikes, preferences, backgrounds and personalities. People's diverse needs were respected. We saw that there was limited accessible information in place for people to help support their understanding, which we discussed at the time of our inspection with the registered manager.

Regular audits took place for different aspects of service delivery. Quality assurance systems were effective and measured service provision. Action plans were drawn up when areas of improvement were identified. Staff meetings and resident meetings took place. Feedback/ questionnaires were sent out

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 remains good.

Is the service caring?

Good ●

Service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Alexandra Care Home

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 inspection took place on 15 August 2018 and was unannounced.

The inspection was conducted by an adult social care inspector and an expert by experience with expertise in care of older people and people living with dementia.

Before our inspection visit we reviewed the information we held about Alexandra Care Home. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this to help us plan the inspection and decide how we were going to conduct the inspection.

We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication barriers.

We spoke with two people using the service, six visitors, the senior carer, the registered manager, the deputy manager, three care staff and the activities coordinator. We looked at the care plans for three people and other related records. We checked the recruitment files for two staff. We also looked at other documentation associated to the running of the service.

Is the service safe?

Our findings

People living in the home and visiting family members told us they or their relative liked the home and felt safe and well cared for. Comments included, "Very safe", "Yes, I'm alright here", "[Relative] has been happy and content since moving in".

People living at Alexandra Care Home and the family members we spoke with felt that there were enough staff to meet their needs in a timely manner: Comments Included, "Good staff ratio" "Yes, nothing to worry about there". One family member felt staff could be short in the afternoon but did not recall their relative having to wait more than ten minutes to be attended to. We spoke to staff about the rotas, which showed there were enough staff on duty. Some staff felt that there was not always enough of them on shift in the upstairs section of the home as staffing levels had recently been reduced. We discussed this with the registered manager who explained this had been an operational decision, however the staff had raised this previously. The registered manager agreed to discuss this with the registered provider.

Medication was administered safely by trained staff. We viewed a sample of Medication Administration Records and found they were completed accurately by staff and checked regularly by the registered manager. There was a secure process in place for the administration of control drugs (CDs). These are medications with additional safeguards placed upon them. We saw there was a clear process in place to support people with their as and when required medication (PRN).

Staff received training in safeguarding; staff explained the course of action that they would take if they felt someone was being harmed or abused, the procedure was reflected in the organisation's safeguarding policy. Staff we spoke with said they would 'whistleblow' to external organisations such as CQC if they felt they needed to.

Repairs and maintenance were carried out in a timely way, and there were regular checks on equipment such as the lifts, portable appliance testing (PAT) electric and gas to ensure the environment was safe. However records relating to the maintenance of the home were not always clear and easy to find.

Fire procedures in the event of an evacuation were clearly marked out, and equipment for safely evacuating people was stored securely and safely in the home. Personal Emergency Evacuation Plans (PEEPs) were in place for each person which were personalised and contained a breakdown of what equipment that person needed to evacuate the home safely.

The home was clean and tidy. Personal protective equipment (PPE) was available for all staff, such as gloves and aprons. These were used throughout the day when needed. There were hand sanitizers situated in various areas of the home.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to keep people safe. We saw risk assessments in relation to nutrition, medication, falls and the environment. Risk assessments were reviewed every month and changes were incorporated into the original

risk assessment and re-printed.

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures put in place as a result of this.

Staff were recruited safely and satisfactory checks were completed before staff started working at the home. These checks included two references and a disclosure and barring service (DBS) check. This is a check that new employers request for potential new staff members as part of their assessment for suitability for working with vulnerable people.

Is the service effective?

Our findings

People we spoke with told us that staff were skilled. One visiting relative told us their family member had always received a "Level of care appropriate to their needs." Staff told us there was always training offered to them, and National Vocation Qualifications (NVQs).

Staff confirmed they were required to attend regular training. The training matrix recorded the dates staff had completed training courses. Staff were required to complete an induction process which was aligned to principles of the Care Certificate. The Care Certificate is an induction process employees who are new to care complete over the course of 12 weeks. This is then signed off by a senior member of staff.

Records showed, and staff confirmed that they were receiving regular supervisions from their line manager. Staff who had worked at the service longer than 12 months also had an appraisal.

We checked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). 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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This legislation protects and empowers people who may not be able to make their own decisions.

The registered manager had applied to the relevant local authority for authorisations to deprive people of their liberty. The rationale for this decision was clearly documented following a mental capacity assessment and best interest process. DNAR's (Do not attempt resuscitation) were clearly visible within files.

The care files viewed included mental capacity assessments and demonstrated that people were encouraged to make decisions around their daily life and that consent was sought from people and their relatives appropriately.

People told us that staff responded promptly to health needs and ensured quick access to appointments. The care files we examined showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, physiotherapist, and Speech and Language Therapist, and the Dietician.

Everyone was complementary regarding the food and said they had enough to eat. One person said, "Food is really good". A relative told us, "I've no complaints – the food isn't bad at all." People received two choices for both lunch and dinner, and the chef told us they had information made available to them regarding people's dietary needs.

Many areas of the home had been decorated to a high standard. There was an ongoing programme of redecoration in place, and we saw that some people's bedrooms would benefit from this.

Is the service caring?

Our findings

All of the people we spoke with living at Alexandra Care Home and their family members were very complimentary about the care staff. Comments included: "Very good", "Brilliant – always pleasant and bright", "The staff are lovely - very kind, I'm well looked after care staff are lovely – I've every faith in the staff". One family member told us how impressed they were at the commitment of the staff who would happily interrupt their meal to talk to relatives and some who had come in to the summer fete on their day off, helping people to participate in the event.

Family members all told us they were able to visit at any time and that they were made welcome. We were told that family members had the option of joining their relative for dinner on Christmas Day and that staff were happy to take their relative to their room so they could have a private visit.

All the people we spoke with living at Alexandra Care Home and their family members were satisfied that staff respected their privacy and dignity, always knocking on doors before entering, asking permission before undertaking personal care and ensuring that any treatment or personal care was given in private. A family member was pleased to note that their relative was always dressed in "Matching clothes", which was important to them and respected their choices and dignity.

Family members told us they felt their relatives were encouraged to maintain the independence and skills they had. One family member explained that staff had helped their relative to improve their mobility, so they were encouraged to use their walking frame to walk part of the way from the lounge to dining-room. Staff would check when they were tiring and would bring a wheelchair for the rest of the journey. We witnessed this in practise when the person left the dining room after lunch.

For people who had no family or friends to represent them contact details for a local advocacy service were made known in the communal areas of the home. There was no one accessing this service at the time of our inspection.

During the inspection we checked if confidential and sensitive information was protected in line with General Date Protection Regulations (GDPR). All information was safely secured at the registered address and was not unnecessarily shared with others. The 'registered address' is the address which has been registered with CQC and is the address where all records and documentations should be safely stored.

Is the service responsive?

Our findings

People told us they received care and support which was person centred. Person centred means care which is based around the needs of the individuals and not the organisation.

Care plans contained information with regards to people's clinical need and how they needed support with areas such as moving and handling, nutrition and personal care. We saw that people were being weighed regularly. The service had made appropriate referrals to other healthcare professionals, such as Speech and Language Therapists, the falls team, and Occupational Therapists where appropriate. This meant that people were getting care and support which was right for them and met their needs. The majority of family members we spoke to had been involved in their relative's care plans or knew that they were available for them to look at. Those, whose relatives had lived at Alexandra Care Home for more than a few months, had been involved in reviews.

Additionally, there was a document in place for each person called 'Living my choices'. This document contained information regarding the person's life history, including photographs of them, their family, what is important to them and what they enjoyed doing. Staff said it was a good way to get to know people.

There was a programme of activities on the communal board, and people told us they liked the activities. One person said, "Oh the activities are really good. [Activity co-ordinator] is great." We spent some time talking to the activities coordinator. They said they spent time talking to people to find out if there was anything in-particular that they wanted to do. The activities coordinator was employed daily Monday - Friday for a total of 30 hours per week. Different activities were provided each morning and afternoon. Weekly activities included: Singing, pamper sessions, 'Chit Chat Club', karaoke, excursions, chair exercises and 'Active Minds', a group activity with art, craft, card games and quizzes.

People's equality and human rights were respected. People were supported to follow their religious beliefs and engage in friendships within and outside of the home. Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

There was some accessible information, such as easy read material available for people. However, we saw that some people had problems with their vision, and would benefit from information being presented to them in another way so they could engage with it. There was limited information presented in this format to support people with these needs. We discussed this with the registered manager who agreed to introduce more accessible information.

There was a complaints process in place for people to express their concerns. There had been three complaints in the home which we tracked through and saw that they had been responded to appropriately.

Staff were trained in end of life care and there was information recorded in people's care plans which described any specific arrangements in place for when they were at the end of their life.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. 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.

Everyone we spoke with was complimentary about the registered manager. All of the staff we spoke with said that the registered manager was approachable. Some family members we spoke with knew the manager and found them very approachable, other family members said had not met the manager.

People living at Alexandra Care Home were encouraged to provide feedback via a questionnaire provided on a I-Pad, when they were visiting. We viewed some questionnaires which had recently been completed and saw no major concerns had been raised.

Team meetings took place regularly, the last one had taken place in April 2018. Topics such as safeguarding, training and health and safety were discussed.

The service worked well with the local authority contracts team and we saw there had been a recent medications audit. The registered manager had developed an action plan from the visit which they were working towards. We saw that most of the actions had been completed.

There were audits for the safety of the building, bedrails, accidents, cleaning, care plans, medication and other checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager.

There were policies and procedure in place for staff to follow; staff were aware of these and their roles with regards to these policies.

The registered manager was aware of their role and responsibility and had reported all notifiable incidents to the Care Quality Commission as required. The ratings from the last inspection were clearly displayed in the main part of the building.