Midland Heart Limited

# Alexandra House

## Inspection report

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13 April 2016

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## Ratings

| Overall rating for this service | Requires Improvement |
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| 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

This inspection took place on 12 and 13 April 2016 and was announced. We gave the provider 48 hours' notice so people would be available to speak with us at our visit.

Alexandra House provides an extra care service of personal care and support to people within a complex of 40 apartments. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. The complex is spread over three floors with a lift and stairs to each floor. People have access to communal lounges and a dining room where they can have a lunchtime meal.

At the time of our visit 29 people were receiving personal care support. The provider does not own the property and people have tenancies with a landlord. This was the first time the service had been inspected.

The service had a registered manager. 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.

At the time of our visit there was a new manager in post, who was in the process of registering with us. We refer to them as the new manager in this report. They were being supported by the current registered manager who is also the locality manager for other of the provider's locations in the area.

People received varying levels of support from staff, depending on their needs. Some people only required a 'wellbeing' check or minimal assistance with personal care. Other people required assistance with taking medicines, continence care, nutritional support and with mobility.

People told us they felt safe with the staff who delivered their care. Staff were aware of the action they needed to take if they had any concerns about people's safety, or health and wellbeing. However, we found that safeguarding concerns were not consistently reported correctly to the local safeguarding team so that investigations could take place if required.

The staff allocation sheets showed us there were sufficient staff to cover the scheduled calls to people. People told us they received their care on time and staff stayed the allocated time to complete tasks. New staff had been recruited and were awaiting the outcome of checks to ensure they were safe to work with people before starting work at the service. The provider had reduced the use of agency staff, so that people received care and support from consistent staff that knew them.

Staff received a detailed induction and training when they started working at Alexandra House. Some training was out of date, but there were plans to ensure all staff completed the required training to ensure their work reflected good practice. Staff received supervision and support and told us the new manager was

approachable and had made significant improvements since taking up their position.

Care plans did not always include important information about risks to people's health, but staff were able to talk confidently about how they managed those risks, as they knew people well. Care plans were written in a 'person-centred' way that supported staff in delivering care and assistance that met people's individual needs.

People were happy with the care they received and said staff were caring and friendly. Staff respected people's privacy and maintained people's dignity when providing care. The manager and staff understood the principles of the Mental Capacity Act (MCA) and gained people's consent before they provided personal care.

All the people we spoke with clearly recognised that due to the support and care provided by staff, they were able to enjoy living relatively independently in their own homes.

There were processes to monitor quality of the service provided through feedback from people and a programme of checks and audits.
However the provider had not sent us statutory notifications in order for us to monitor the quality of the service being provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009.
You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

The provider did not consistently follow correct procedures to report safeguarding concerns in order to ensure these were properly investigated if required. Staff told us they understood their role and responsibility to report concerns about people's emotional and physical well-being, but did not consistently follow guidelines. Medicines were stored and administered safely but some charts were not completed correctly.
There were sufficient numbers of staff to support people. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified however some lacked detail.

### Is the service effective?

**Good**

The service was effective.

Staff received training and had the knowledge and skills to effectively support people. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People made choices about their food and drink and were supported to maintain a healthy diet. People received on-going support from a range of external healthcare professionals when required.

### Is the service caring?

**Good**

The service was caring.

People were supported by staff who they considered kind and caring. People were encouraged by staff to be as independent as possible. Staff ensured they respected people's privacy and dignity. People received care and support from staff who understood their individual needs and supported them in ways they preferred.

### Is the service responsive?

**Good**

The service was responsive.

People received a service that was based on their personal preferences. Care records contained detailed information about people's likes, dislikes and routines. People and their relatives were encouraged to be involved in reviews of their care. People were given opportunities to share their views about the service and the registered manager responded to any concerns raised.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

The provider had failed to send us statutory notifications about incidents that had occurred. The service had changed managers twice in the last year and there had been a lack of consistent oversight at the service. However positive feedback was received about the new management team in place.
People and relatives were happy with the service and felt able to speak with the management team if they needed to. Staff were supported to carry out their roles, and considered the new manager to be approachable and responsive. The provider had systems to review the quality and safety of service provided, however these had not identified some of the issues we found.

# Alexandra House

**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 was planned to check 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.

The inspection of Alexandra House took place on 12 and 13 April 2016 and was announced. We gave the provider 48 hours' notice so people would be available to speak with us at our visit.
The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with commissioners about Alexandra House. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We did not receive any information of concern.

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. We used this information as part of our inspection planning. We found that information provided within the PIR did not consistently reflect our inspection findings. For example the provider told us all safeguarding incidents were reported to the local authority and statutory notifications sent to ourselves. We found this was inconsistently carried out.

During our visit we spoke with the registered manager, the new manager and three support workers. We spoke with eight people who used the service and one relative. We reviewed three people's care plans and daily records, to see how their care and support was planned and delivered.

We looked at other records related to people's care and how the service operated including, medication records, staff recruitment file, the provider's quality assurance audits and records of complaints.

Requires Improvement

# Is the service safe?

## Our findings

We asked staff how they made sure people remained safe and were protected from abuse. Staff told us they had completed training in keeping people safe and understood the different types of abuse. Staff told us they were observant for signs that might mean someone was experiencing, or at risk of abuse, however, we found some staff were not putting their knowledge into practice.

We found that some accidents and incidents were not consistently reported to the relevant agencies and initial investigations conducted by the provider were not robust enough. We saw incidents where people had unexplained bruising and two incidents involving physical disagreements between people. The correct actions had not been taken to protect people from harm. The provider had failed to obtain sufficient information from staff regarding one incident which had been witnessed by them. Some people had also fallen and sustained injury.

We saw that the provider had failed to fully investigate some incidents and had not informed the local safeguarding team about some. One incident had been referred to a person's social worker and a behavioural management plan put in place, however this was not fully completed. There was a lack of written information for staff about what action to take to manage behaviours and reduce any impact on others. The new manager told us they would review this immediately after our visit. Following our inspection we contacted the local commissioning team and informed them of our findings and they told us they would follow this up with the registered manager and visit the service.

We discussed our findings with the registered manager, and the new manager, who acknowledged procedures for reporting safeguarding concerns were not correctly followed. The registered manager told us there had been an oversight by managers to report incidents to the local safeguarding team and there needed to be more support given to the new manager about the management of safeguarding incidents. They told us. "I am disappointed we have not been following the correct procedures and we will act on this immediately."

This is a breach of Regulation 13 (1) (2). Safeguarding service users from abuse and improper treatment. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager after our inspection and they informed us they were organising a team meeting to discuss the concerns we highlighted and to remind staff of their responsibilities to keep people safe. In addition, the recording of incidents and falls would be reviewed by the management team on a weekly basis to ensure the correct procedures had been followed. Support was also being given to the new manager regarding the correct procedures to follow when dealing with safeguarding concerns. They assured us risks related to people, and the management of safeguarding events, were being reviewed as a matter of priority.

People said they felt safe at Alexandra House. Comments included: "I feel very safe living here; I press my pendant alarm if I need them." "Yes I do feel safe; there are always staff around when I need them. They

come when I press my bell." Another person told us, "I feel really safe living here, they check on me. It's a wonderful place, I am so happy."

We asked staff how they would report concerns about abuse and the different types that can occur, they told us. "I would tell the manager and even the Police if I wasn't happy, it's all documented. We have a policy for that and also whistleblowing." This means reporting concerns to an outside agency. Another told us, "No matter who it is I would report the abuse, the manager reports it to the local safeguarding team and we have to record everything."

The new manager told us safeguarding, and the different types of abuse, was discussed with people at the 'residents meetings'. We saw the minutes of the last 'residents' meeting which confirmed this. Information was also contained in a folder in the communal area for people and relatives to read. We saw there was an 'easy read' poster on display in the communal areas advising people how they could report concerns. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people.

We saw there were risk assessments associated with people's care, for example, people who needed assistance to move around or take their medicines, had care plans to manage or reduce those risks. Staff we spoke with were aware of risks to individuals and able to talk confidently about how they supported people. The new manager told us "We encourage people to take positive risks in order for them to maintain independence and build confidence."

We saw risk assessments had been reviewed for people following falls and referrals were made to external professionals as required. This was so that specialist advice was sought to reduce the risk of further accidents and incidents from occurring again.

People told us there were enough staff to provide their care and that the staff stayed for the allocated time. The staff allocation sheets showed there were sufficient staff to cover the scheduled calls to people. People told us they did not have to wait to receive their care or assistance between their scheduled calls. We asked people how long it would take staff to respond to their requests for assistance. One person told us, "They are always close at hand. They tell me, 'We are always here so call us'." Another person told us, "I had to use my call bell the other day and they were here in seconds."

During our visit we saw there were sufficient numbers of staff available to support people. The new manager had organised a new staff rota to ensure shifts were covered well in advance and staff commented favourably on this.

Staff recorded their visits electronically and this showed visits were completed and on time. The new manager told us the computer system would show if people were not receiving their allocated care hours. Missed visits were also recorded, however this was normally because a person may have had an appointment and so the care was not required. The calls were audited by the new manager daily as they were responsible for the allocation of call schedules for staff.

Staff told us they felt staffing levels were sufficient to support people. One staff member told us, "Staffing was an issue, but it's much better now, the manager makes sure we have enough and we use less agency staff. Any gaps are filled by bank staff now." Bank staff are permanent members of staff, employed by the provider, who work occasional shifts to cover gaps in staff rotas. Another member of staff told us, "Staffing is better, we have a new rota now and we have cut right back on agency staff being used. That's better because customers know who we are."

The provider had recruited new staff members and agency staff were no longer being used unless in an emergency to cover unexpected gaps in the rota such as sickness. People had commented on the use of agency staff at a previous 'residents' meeting. The new manager told us, "That was my biggest challenge to reduce the use of agency staff. Staff had told me it was difficult supporting agency staff, and customers like to see familiar faces."

Staff files indicated that safe recruitment processes were followed including a DBS (Disclosure Barring Service) and reference checks. DBS checks were updated regularly. One new member of staff told us, "I had my DBS and references checked before I came here." The Disclosure Barring Service is a national agency that keeps records of criminal convictions. The recruitment procedures ensured staff were safe to work with people who used the service.

Some people managed their own medicines, but other people needed support to do this. People who were assisted to manage their prescribed medicines said they nearly always received their medicines when they should. One person told us, "I always get my medicines on time and if I call for pain killers, they get them for me." Another told us, "They get me my tablets on time." We heard staff asking people if they were in pain and if they required any pain relief.

There was a procedure for supporting people to take their medicines safely, and where people required assistance to do this, it was clearly recorded in their care plan. Staff had completed training to administer medicines and had their competency checked by the new manager to ensure they were doing this safely. Completed medication administration records (MAR) showed people had been given their medicines as prescribed, however two that we looked at showed gaps where signatures of the staff recording the administration had not been filed in.

We asked the new manager about this and they told us the policy was to record on the back of the chart why a medicine had not been given. We did not see this had been done. They told us they aimed to check every MAR sheet over a month period and they checked controlled drugs stocks every day. These are medicines that have to be carefully monitored and recorded due to their strength.

Some people were prescribed medicines 'as required' (PRN). For each PRN medicine, an individual medicine plan had been written and where able, people had signed this. This told staff when medicines should be administered. However we saw one person did not have a detailed entry in their care plan regarding a medicine used to regulate their blood clotting. The registered manager told us they would seek advice from the pharmacist how best to record this information in the person's care plan.

To ensure there was a consistent pharmacy service the new manager had spoken to people to see if they would be happy to have their medicines supplied by one pharmacist. People had agreed to this, and the new manager told us this had improved the auditing of stock levels and quality of the service provided to people.

Good

# Is the service effective?

## Our findings

People told us staff were competent when providing their care and support. Comments from people included, "They always seem to know what they are doing. They give me my treatment correctly." And, "When they move me, they do it properly."

Staff told us they received an induction into the service that made sure they could meet people's needs when they started work. This included training and working alongside a more experienced staff member before they worked on their own. One new member of staff told us, "I had my training over one month and it was really good. It was local for me to attend which helped." A key part of the induction for new staff was completion of the Care Certificate which was introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff told us they had received training in those areas considered essential to delivering care safely and effectively. The new manager held records of the training staff had received and when 'refresher' training was required. They told us some staff were due to have refresher training, however new staff were prioritised to ensure they had the necessary training in order to work independently. New dates were being set up for the permanent staff to ensure their training needs were met.

Staff told us they received regular supervision (one to one meetings) with the new manager. They told us, "I know it's confidential and the manager asks me how I want to progress. I want to go onto do my NVQ three (a care qualification)." Another told us, "I have monthly supervision meetings and I can discuss any concerns I have."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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.

Care workers had an understanding of the principles of the Act and how this affected their practice. Care workers understood the importance of obtaining people's consent prior to providing care and support. A staff member told us that they would always ask people for their consent prior to undertaking care tasks, they told us, "You can't assume someone does not have capacity, everyone has rights and we can't stop people living their life." Another told us, "It's all about the choices people have about their capacity to make decisions. We can't force someone. No, means no."

The care worker told us that if they had concerns about someone refusing personal care they would encourage that person. Another staff member told us, "We may go back later on and see if they had changed their mind." Staff told us if they felt this was impacting on a person's health and wellbeing they would report

this to the manager. One person we spoke with had long finger nails and we discussed this with the new manager. They told us staff were not allowed to cut nails and this was the responsibility of the Chiropodist.

We asked why this person had not received this support and they told us the person often refused and had capacity to make this decision. They went on to say they would discuss this with the person again and if necessary involve the family to support them in making a decision.

DoLS makes sure people who lack capacity to make certain decisions do not have their liberty restricted, unless specific safeguards are in place. There were no applications in place during our inspection. The new manager was able to explain the principles of MCA and DoLS and had a good understanding of the legislation.

Some people prepared all their own food and drinks; others made their own breakfast and had a lunchtime meal in the dining room. Other people told us that staff prepared their food and drinks for them, or supported them to make their own meals. One person told us, "Staff are good; they will help me with my meals." One person who had diabetes was encouraged by staff to eat healthily in order to maintain their health. Staff told us, "We try to encourage [person] not to eat biscuits or sweet things."

During lunchtime we saw the meals served in the dining room looked appetising, were well presented and nutritionally balanced. Meals were prepared at one of the provider's other services and brought in to Alexandra House. When visiting people in their homes, we saw they had a drink on a side table where they could easily reach it. People we spoke with confirmed they had enough to drink throughout the day. Some people required high calorie nutritional supplements and we saw they received them at the prescribed times.

The new manager told us they were hoping to provide evening meals for people living at Alexandra House in the future. On the day of our visit a 'residents' meeting was being held and the chef from one of the other provider's locations came in to discuss menus with people and answer any questions they had.

People's medical appointments were arranged by themselves, their relatives or staff. Staff checked people's health during their calls and took appropriate action when a need was identified. Staff were also able to arrange for healthcare professionals such as opticians and chiropodists to visit people in their own homes. People told us, "They will call the GP if I need one." Another said, "Once I felt unwell and called them, they arranged an ambulance straight away."

Good

# Is the service caring?

## Our findings

People lived in their own flats so we were unable to observe care directly. People told us staff were caring and treated them with respect. Comments included, "The staff are lovely, I have no complaints," and "They are very caring towards me and I am happy how they treat me."
One relative we spoke to told us, "[Person] has a great relationship with the staff, he is comfortable and that's rewarding for us. I love that he has his own space."

Interactions between staff and people in the communal areas appeared to be positive, caring and respectful. We heard laughter and singing. We saw one person speaking to the new manager and the person was very anxious. The manager was trying to console them and gave the person a hug which they responded positively to. They appeared to be knowledgeable about this person's situation and dealt with this compassionately and with professionalism.

People appeared relaxed and happy in the company of care staff and felt able to go and speak to staff in the office at any time of the day. Staff recognised the individual needs of people they provided care and support to and listened to what they had to say. One staff member told us, "I love the people here and we fit into their routine, which is important. We build relationships with them."

Staff we spoke with told us they enjoyed working at Alexandra House and thought the service provided was caring. One staff member commented, "It's like a labour of love, we have a great team." Another told us, "I am so happy working here, I love it."

All the people we spoke with recognised that due to the support and care provided by staff, they were able to enjoy living relatively independently in their own homes. One person told us, "The staff spend time with me, I like to try, but there are some things I can't do for myself now." Another told us, "I like to try and get on with my own life. I say I can do things, but sometimes I need help and then they will help me."

Staff confirmed they promoted people's independence, with one staff member telling us, "I always ask people what they can do for themselves and I encourage their independence." The new manager told us, "We don't want to invade peoples' personal space; we actively encourage them to be as independent as they can."

People and their relatives were involved in care planning, and had choices regarding their care. People in receipt of personal care told us they were able to express their views and guide staff as to how they wanted their care to be carried out. For example, one person told us, "Staff will ask me if I want my shower and it's totally my choice. They ask me how I want my care and what I can do for myself." Another person told us, "I choose what I want to do and it's my choice if I want to get out of bed; and if I choose not to."

One relative told us on occasions they were concerned their family member had not had their hair brushed. They told us they would discuss this with the new manager and care staff to establish why this was and if this was their relations choice.

People confirmed staff respected their homes and knocked on the door and waited for a response before entering. It was clearly stated in people's care plans how they wished staff to enter their flat, for example by ringing the bell or knocking first before requesting permission to enter. We saw staff respected this and all gained consent before going into people's flats.

Staff ensured we remained outside of people's flats whilst they asked if they would be willing to speak with us, when we were given permission they took us in and introduced us.
We asked staff how they observed people's privacy and dignity whist giving personal care, they told us, "I always explain what I am going to do first, it's all about communication. I always make sure I have everything in place before giving care and cover people up. It's all about protecting people's privacy." Another told us, "I cover someone with a towel when I am washing them; I have to preserve their dignity and privacy."

We asked people if they felt staff were respectful and one person commented, "Yes I get respect and that's a nice word, I do get that from the staff." Another told us, "I think the staff are very respectful, they will ask before doing anything." One person said, "They will knock and ask 'can I come in', they just have a very caring approach and they always ask my permission before doing anything." One staff member told us, "I always introduce myself even though people know me. If they are washing themselves I will tell them to shout when they have finished, to give them privacy."

One person we spoke with told us as their health had deteriorated they required assistance with very personal issues. They told us, "It's very embarrassing for me because they have to support me, but they are so respectful of that, and how I feel."

Friends and family were welcomed into Alexandra House at any time and a guest room was available for visitors who wished to stay overnight. One person told us, "My son can visit whenever he likes."

Good

# Is the service responsive?

## Our findings

All the people we spoke with were able to identify someone who they would talk to should they wish to make a comment or complaint. They told us, "I would raise my concerns directly with the manager, they listen to you." Another told us, "The manager is very good, and I would tell her if I wasn't happy about something." A relative told us, "I would tell the managers or staff if I wasn't happy." One person we spoke with commented, "I complained once about the food and it improved."

We saw the provider's complaints procedure was on display on the notice board near the dining room and the new manager showed us a copy of the complaints procedure in an 'easy read' format that was issued to all the people living at Alexandra House. One staff member told us, "I would document anything someone complained to me about. I would then speak to the manager."

We looked at the complaints file and saw there had been one complaint recorded this year. It had been dealt with in accordance with the provider's complaints procedure. On the notice board there was information called, "You say, We say." This showed where people had expressed concerns or requested more information. We saw one person had raised a concern regarding the use of agency staff within the home. The new manager had responded identifying the number of new staff that had been recruited and due to start work. Another comment had been made saying that there didn't seem to be enough activities. The manager had directed the person to the activities calendar that was on display.

People we spoke with told us the new manager and staff were responsive to their needs. One relative told us they had requested a change in the number of calls their family member received and explained, "As [Person's] needs increased the manager addressed this and organised a change in the package of care. They also organised a referral to the falls team as [Person] started to have an increase in falls."

We looked at the care files of three people who used the service. These contained information that enabled staff to meet people's needs in a way they preferred. Care plans were detailed and were written in a person-centred way that supported staff in delivering care and assistance that met people's individual needs. Plans were reviewed and updated to ensure people's needs continued to be met. People told us, "I was involved in planning my own care and they asked me lots of questions." Another commented, "They sat and discussed with me what care I wanted and needed." A relative we spoke with told us, "The staff keep me informed about [person] and their care; I will sign the care plan to say I have agreed with any changes."

Staff told us they had enough time to read and update care records. Staff also received a handover of information between each shift and a daily schedule of calls, which updated them with people's care needs and any changes since they were last on shift. We observed the staff handover and found staff were knowledgeable about people and the care and support they required.

We asked staff how they gained their knowledge of the care people required. They responded, "We read the care plans, they give us lots of information and families will also tell us about people and their lives." Another commented, "Everything is in the care plan, they tell us about people's likes and dislikes and

we get time to read them." A relative told us, "Staff ask me about [person] and their past life and there are photos in their room, they talk to us about them."

Some people's care plans included personal information relating to their background as well as a guide outlining their likes, dislikes, hobbies, interests and other information that was important to them. The new manager explained that the activities coordinator was responsible for updating care plans with life history books about people and this was still in progress.

People were able to attend regular activities such as bingo sessions and coffee mornings which helped to prevent social isolation. An activities co-coordinator held various art, crafts and games sessions. A timetable was put on the 'resident's notice board' advising of the events to be held that week. During our visit we saw people playing Dominoes in the communal areas and at lunch time there was appropriate music playing in the background. The ambience was cheerful and people engaged with staff and each other.

We saw on the notice boards information about various support groups for people. One of which was the Lesbian, Gay, Bisexual and Transgender support group. Staff provided a variety of information for people to support them further. This meant that the provider was meeting the equality and diverse needs of people.

Requires Improvement

# Is the service well-led?

## Our findings

The registered manager and new manager told us they understood their responsibilities and requirements of their registration. However we found they had not submitted the relevant statutory notifications to us in relation to potential abuse, so that we were able to monitor the service people received.

We spoke to the registered manager about this and they acknowledged that there had been oversights in notifying us about incidents. They also acknowledged that they had not provided sufficient support and guidance to the new manager and would address this immediately.

This is a breach of Regulation 18 (2) Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

The provider took over the provision of services to Alexandra House in 2014 from another provider and the service had undergone two managerial changes in the last year. The current registered manager was also the provider's locality manager and had responsibility for other of the provider's services within the area. There had been another registered manager in post at the service in 2015; however they had left to take up a position in another of the provider's locations.

The current new manager came into post in June 2015 and prior to that the locality manager, who is also the current registered manager, had been overseeing the day to day running of the service. This meant the service had undergone several managerial changes in a short period of time.

Everyone at our visit spoke positively and warmly of the new manager. People told us, "I think the new manager runs this place very well, and you can laugh with her." Another said, "From what I see this is place is run extremely well." During our visit people frequently came to the manager's office to discuss things or to say hello.

Staff told us they felt well supported by the new manager and could approach them to discuss any concerns they may have. Comments made were, "[Manager] is absolutely brilliant, she has turned this place around and it's great to finally have consistency." And, "[Manager] is so easy to get along with, I feel comfortable with her and well supported. I wouldn't come to work otherwise."

One of the staff we spoke with told us, "It's been a big adjustment getting used to the new provider and we have also had different managers. However [manager] is brilliant, she works hard and we now have structure." Another staff member told us the new manager worked hard and commented, "I think [manager] could use some support from a team leader, but we don't have them here. We are one unit now and [manager] has improved things a lot. If we are happy then people living here will be happy." Another commented, "[Manager] is firm but fair, they are the best manager we have ever had."

The registered manager and new manager told us their biggest challenges had been embedding the provider's policies and procedures, following the change in provider and also reducing the use of agency

staff.

The new manager told us since taking up their position there had been a marked decrease in staff absence and went on to say, "I am very open with staff, they can say anything to me." We asked if the new manager felt supported by the provider and they told us, "I feel 100% supported by my line manager, she always supports me and reassures me. I get great guidance." They went on to say, "I just love this job."

Staff told us they had a good understanding of their role and responsibilities. Staff told us, and we observed that they enjoyed their work and valued the service they provided. They told us they were happy and motivated to provide high quality care. Staff explained they had opportunities to put forward their suggestions and be involved in the running of the service. A variety of staff meetings were held regularly and staff told us these were useful. There was a 24 hour on call rota for staff to speak with a senior member of staff outside office hours.

We saw the minutes of a recent staff meeting held in March 2016. Items discussed were a reminder to staff to ensure they completed the allocated call times and care to people as feedback had been received from some people that this was not consistently happening. Staff were also reminded to ensure they had booked on to the required training sessions and that personal mobile phones were to be left in staff lockers.

People were encouraged to put forward their suggestions and views about the service they received. Group meetings involving people who lived at the service were held regularly every month. These were chaired by the new manager and the dates of forthcoming meetings were on display so people would know when to attend. One took place on the day of our inspection.

We saw that following the meetings people's feedback was provided to the management team and the minutes of the most recent meeting showed that people were encouraged to put their suggestions forward and these were acted on. At the last meeting in March 2016 people had been asked if they were satisfied with the new pharmacy service.

Service satisfaction surveys were distributed to people who lived at Alexandra House in order to obtain their feedback of the quality of service they received. The results of the September 2015 survey were displayed on the notice board. We saw that responses from 14 of the people who replied were positive, in support of the service people received. 11 felt satisfied with the service, 10 satisfied with staff and 11 would recommend the service to others. Some negative comments were, "A lot of the time we are short staffed," and, "I don't see many activities here that I like." The provider had addressed these issues.

The new manager was keen to gain a higher response rate and on the day of our visit had issued further questionnaires. We asked about people who did not attend the meetings and they told us staff would visit people in their flats to gather their views and opinions.

One person who used the service told us they were an 'ambassador' for the provider and visited other services in the area to speak with people and gather their views about the care and support they received. They told us, "I am the ambassador and I have just been to one of the homes, I go and ask people if they are happy and feed that back."

In order to ensure a good quality service the new manager was organised and ensured effective communication between the staff team, people and relatives. This was through staff meetings, staff 'handover' meetings, communication diaries and a communication board for people who used the service.

A range of audits were undertaken to check the quality and safety of service people received. This included checks on the management of medicines, care records, personal care delivery and staff training. The new manager told us they carried out random 'spot checks' (checks on staff carrying out duties) and this included some weekends and nights. Any areas of concern would be addressed with staff through supervision sessions and team meetings.

The registered manager acknowledged that audits had not identified the issues we found regarding reporting and handling of safeguarding incidents and statutory notifications.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents<br><br>18(2) The registered person failed to notify the commission of incidents specified in paragraph (2) which occurred whilst services were being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>13(1) People who use services were not protected from abuse and improper treatment in accordance with this regulation.<br><br>13(2) Systems and processes were not established and operated effectively to prevent abuse of service users. |