Alexander House

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Inspection report

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East Sheen
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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

Overall summary

This was an unannounced inspection that took place on 20 November 2015.

Alexander House is a care home for up to 16 older people situated in East Sheen. It has ground floor and first floor accommodation. The home is privately owned by the manager and her husband.

The home 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 and associated Regulations about how the service is run.

In June 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

Summary of findings

People and their relatives told us the home was a very nice place to live and staff provided excellent support and care, in a respectful way that they enjoyed. They were given the opportunity to do what they wished and join in the activities provided if they wanted.

The home provided a warm and welcoming atmosphere was enabling and inclusive. There were a number of visitors during the inspection and they told us that they were always made welcome. The home provided a safe environment for people to live and work in and was well maintained and clean. The décor was currently acceptable, although looking a little tired and the home will require future refurbishment.

There were thorough up to date records kept, although the historic records required archiving. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties appropriately.

The staff knew the people they worked with and their likes, dislikes, routines and preferences well and everyone was treated equally. Staff had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, friendly and compassionate way. Whilst professional they were also accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said the choice of meals and quality of the food provided was very good. People were encouraged to discuss health needs with staff and had access to community based health care professionals, if they required them.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Good

The service was safe.

People told us that they felt safe and were well treated. There were effective safeguarding procedures that staff understood, used and assessment of risks to people were in place.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?
Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Is the service caring?
Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?
Good

The service was responsive.

Summary of findings

People chose and joined in with a range of recreational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling staff culture. The manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Alexander 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 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 was an unannounced inspection and took place on 20 November 2015.

The inspection was carried out by one inspector 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 service.

There were 16 people living at the home. We spoke with seven people using the service, six relatives, three staff and the registered manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service.

Good

Is the service safe?

Our findings

People and their relatives said they were happy that the home was safe and they felt safe living there. A relative said, "I come in every day and I think they look after her very well – I think the care is terrific. Mum used to be fitter and was in a care home in Richmond for respite to begin with, but this is better because it's smaller and more homely. When I'm not here, they take Mum into the lounge. We have brought in classical music for her and they put it on the player for her."

Staff had received safeguarding training, were aware of when a safeguarding alert should be raised and how to do so. Safeguarding information was also provided in the staff handbook. There was no current safeguarding activity and previous safeguarding issues were suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training in them. Staff understood what was meant by abuse and the action to take should they encounter it. They said protecting people from harm and abuse was one of the most important things they did and part of their induction and refresher training.

People's care plans contained assessments of any risks to them and this enabled them to enjoy their lives in a safe way. Identified risk areas included their health, daily living and social activities. The risks were reviewed regularly and updated if people's needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated regularly. Recently a new fire alarm system had been installed. The home and its garden were clean and well maintained, although the décor in the communal areas was looking a little tired. The equipment used was regularly checked and serviced. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and as they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff were aware of and knew how to use.

There was a thorough staff recruitment procedure with all stages of the process recorded. This included advertising the post, although the manager said most posts were filled by word of mouth, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of the service the home provided. References were taken up and Disclosure and Barring Services (DBS) security checks carried out prior to staff starting in post and there was a three month probationary period. Part of the process was informal visits to the home so that prospective staff could meet people who use the service, get an idea of how the home runs and it gave people an opportunity to say what they thought about the candidates. The home had disciplinary policies and procedures that staff confirmed they understood.

During our visit we saw that there was enough staff to meet people's needs and support them to do as they wished. This was reflected in the way people did the activities they wished safely. We saw one care worker support a person using the service upstairs, in the chair lift and another bringing a person down. The carer workers were attentive, reassuring and took their time to make sure that the people were properly strapped into the chair and arrived safely. The staff rota showed that support was flexible to meet people's needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

Medicine was safely administered to people using the service. The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked and found to be fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

During our visit people made decisions about their care and what they wanted to do. Staff were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people said they enjoyed. People said they made their own decisions about their care and support and that their relatives were also able to be involved. They said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people liked. One relative said, "The home have been brilliant, (person using the service) broke their hip and they didn't have to take them back, but (person using the service) wanted to come home as it was what (person using the service) knows." Another relative told us, "This place is fantastic, it's like a family."

Staff received induction and annual mandatory training. The induction was comprehensive, included core training aspects and information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive from the home. All aspects of the service and people who use it were covered and new staff spent time shadowing more experienced staff. This increased their knowledge of the home and people who lived there. The annual training and development plan identified when mandatory training was due. Training encompassed the 'Care Certificate Common Standards' and included infection control, manual handling, medicine, food safety, equality and diversity and health and safety. There was also access to more specialist training to meet people's individual needs, such as diabetes; common health conditions for older people and end of life care. Staff meetings included opportunities to identify further training needs. Quarterly supervision sessions and annual appraisals were partly used to identify any gaps in training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team dietician and other health care professionals in the community. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People told us they enjoyed the meals provided. The expert by experience said that overall the effectiveness of the service was good, although there were some practices they

Good

Is the service effective?

felt could be improved as described below. During our visit people chose their meals and there was a good variety of choice available. The meals were of good quality and special diets on health, religious, cultural or other grounds were provided. Two people sat together who could both eat without assistance. One person dropped her fork and it was immediately replaced by a care worker. At another table one person who needed assistance to eat had to wait until nearly everyone in the room had finished before a care worker came to help them. Another person was assisted to eat by a care worker, who was gentle and took her time but gave no verbal guidance or encouragement. At a further table, one person sat with a chip on their fork for over 6 minutes. Eventually a care worker noticed and lifted the fork to the lady's mouth, saying nothing. Another person sat in front of a plate of puréed food and it was about ten minutes before the care worker asked another to take the food away to be warmed. After being warmed, the food was brought back and the care worker assisted the waiting person to eat. The care worker held the person's hand reassuringly and they were more engaged and encouraging than they had been with the first person, sitting down to help them. The care worker said, "This is the fish… Here we are… its OK? alright?... Here are the peas… Gone?… I'm still here… No problem…" A few people were offered their drinks.

Good

Is the service caring?

Our findings

Staff knew people well, were aware of their needs, preferences and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, "I really like living here and feel at home. I feel I have a good life, I wouldn't move!" Another person said, "The staff are very understanding and patient. There used to be a lady here who swore a lot. They never reacted; it just went straight over their heads." A relative said, "My wife had a bit of a setback in the summer after getting a chest infection after getting some food in her lungs, but the staff were kind and helpful during the illness and antibiotics quite soon cleared it up. She has to be assisted to eat or drink anything, but now she is eating well again and they put thickener in her drinks to help her." Another relative told us, "This place is beyond excellent; it is kindness that is not corporate." Another relative said, "It's the little things that make a difference, when (person using the service) was in hospital, they visited bringing little treats, they knew (person using the service) enjoyed."

Everyone we spoke with expressed their satisfaction with the home, the staff and their care. People and their relatives said that the staff treated everyone with dignity, respect and enabled them to maintain their independence. The staff met their needs; people enjoyed living at the home and were supported to do the things they wanted to. Staff were friendly, helpful, listened and acted upon people's views and people's opinions were valued. This was demonstrated by a number of positive and supportive care practices we saw during our visit. The staff knew the people they were caring for, called them by their name and interacted with them in a friendly and appropriately familiar way. One member of staff was able to tell me general things about people, their level of dementia, their engagement and their likes and dislikes. Staff were skilled and patient. They also made the effort and encouraged people to enjoy their lives. Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices. The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do and where they wanted to go. One person said they wished to go out for a ride in their car. The person was no longer able to drive, due to dementia. A member of staff took them out for a drive and they were quite satisfied with this. Everyone was encouraged to join in activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves, where possible. They facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit. People were free to move around the home and elsewhere as they pleased.

Staff spoke in a way and at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using single words, short sentences and gestures to get their meaning across. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit.

There was access to an advocacy service through the local authority if required. Currently people did not require this service as everyone had family. The home also had a confidentiality policy and procedure that staff were aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited. There were six visitors on the day of the inspection, who told us they visited frequently.

Good

Is the service responsive?

Our findings

People and their relatives said that they were asked for their views and opinions by the home's manager and staff. They were given time to decide the support they wanted and when by staff. If there were any problems, they were quickly resolved. People were supported and enabled to enjoy the activities they had chosen. One person said, "I have a laptop now and one of the staff helps me as well as a volunteer who comes in. It means I can buy things like clothes and books and CDs and games to play. There are activities most days. There's a charming girl who comes in to do seated chair exercises with us. Of course, she doesn't get a lot of feedback from the people with advanced dementia. In the summer, we often go out in the garden and we have had occasional visits to Kew Gardens. Of course it's very expensive now – £16 a visit. I can remember when it was one old penny to get in!" A relative said, "The Embracing Age volunteers come into the home and on Sundays there is a keyboard player who comes and plays in the lounge." We saw two people with family photograph albums on the table in front of them. The relatives told us, that they had brought them into the home for their (people using the service) and that they liked looking at them and one relative said, "Having it with (person using the service) means there's always something to talk about." Another relative said "(person using the service) is German and staff make sure (person using the service) get a certain type of sausage that they like."

People made their own decisions about their care and support. They told us the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate.

The manager said most people using the service were privately funded self-referrals, but if a service was commissioned by a local authority or the NHS, that assessment information would be requested from these bodies or from a care home if they were being transferred. The home also carried out assessments and if it was thought needs could be met people and their relatives were invited to visit. They could visit as many times as they wished so they could decide if they wanted to move in. The visits also gave the home further opportunity to better identify if their needs could be met. Staff told us the importance of considering people's views so that the care could be focussed on the individual. It was also important to get the views of those already living at the home and give them the opportunity to say if they thought the person would fit in. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

People's care plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other. The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. People were enabled and encouraged to discuss their choices, and contribute to their care and care plans if they wished. The care plans were developed with them and had been signed by people where practicable. The care plans had goals that were identified and agreed with people. The goals were underpinned by risks assessments and reviewed monthly by care workers and people using the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required for them to follow them. Daily notes identified if chosen activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further things they may wish to do. There was also individual communication plans and guidance.

The activities were a combination of individual, group and mainly home based which was people's preference. There were outings to Richmond Park, Kew Gardens and people went out shopping and for coffee. Although there was no planned activity during the inspection, people were engaged with visitors, staff and in individual activities of their choice. One person was using a lap top. The manager told us that one person had been the principle of a college in Saffron Waldon and used an IPad to look up images of the college; whilst another person grew up in India and used it to get images of places they had lived in. Some people also had comprehensive photo libraries of their lives that they enjoyed looking at and sharing with staff and visitors. Two volunteers visited from the 'Embracing Age' organisation to chat to people and play the keyboard. One person had also produced a home's newsletter with support from them. Another person enjoyed baking and did a little gardening when the weather was warm. There

Good

Is the service responsive?

were also visits from a visiting ballad group who dressed in period costumes and sang. People also enjoyed visits from a local dog walking group. Preparations were also underway for the Christmas party

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints.

Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People and their relatives told us the manager was approachable and made them feel comfortable. One relative said, “We are so lucky to get (person using the service) in here with people they grew up with. People are extraordinarily well looked after and the home is so well embedded within the local community” Another relative told us, “Local people want to come here, you could not ask for more.” During our visit there was an open, listening culture with staff and the manager paying attention to and acting upon people’s views and needs. It was clear by people’s conversation and body language that they were quite comfortable talking to the manager; equally as they were with the staff team.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff had access to and said they would feel comfortable using. They said they really enjoyed working at the home. A staff member said, “I have worked here for three years and am really enjoying doing the NVQ Level Two dementia training. It’s very interesting.” Another member of staff told us, “It is a homely place to work.” The records we saw demonstrated that regular quarterly staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that identified how the home was performing, any areas that required improvement and also those where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. There were home meetings that were minuted by one person using the service, where any issues could be discussed regarding the home, living there and views and suggestions put forward. There was also a suggestion box, but the manager said this was underutilised. There were also annual relative’s questionnaires. Quality audits took place that included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's care plans. Policies and procedures were audited annually.