

Healthcare Homes (Spring) Limited

Alexandra Care Home

Inspection report

46 Alexandra Road
Hemel Hempstead
Hertfordshire
HP2 5BP

Tel: 01442246775
Website: www.healthcarehomes.co.uk

Date of inspection visit:
09 November 2021
08 December 2021

Date of publication:
27 April 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alexandra Care Home is registered to provide accommodation and nursing care for up to 76 people, some of whom may be living with dementia. At the time of our inspection there were 67 people were living at the service.

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

There was a system of audits and checks to monitor the service. The service had a 'home development plan' in place which was used to record and take action to address any issues arising. However, the management team had not identified the impact on people that the staffing level presented. Audits completed by the management team had also not identified the issues we found with risk assessments, capacity assessments and care plans.

There was a marked difference in the quality of care plans and records across the three units in the service. The provider had a series of templates and assessments tools which formed people's care plans and records. Some documents contained inconsistencies, whilst others lacked information.

People and their relatives told us that the care provided at the service met people's physical needs and was safe, but some felt there was a lack of staff. This impacted on staff's ability to provide personalised care to people, offer companionship and support with people's wellbeing and provide support and information to relatives in some areas of the service. The staffing level also had an impact of staff's ability to promote people's privacy and dignity. We received consistent feedback from people and relatives that there were limited opportunities for people to be supported to maintain hobbies and interests or to keep active.

We received mixed responses from people, relatives and staff regarding their engagement with the service and the opportunities afforded to them to provide feedback. However, all confirmed they felt involved in assessments, planning of care and decision making.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People told us that staff were caring and respectful. Staff received training, regular supervision and competency checks.

The service worked well with partner agencies to ensure people's health needs were met, with referrals made to healthcare professionals when needed. Medicines were managed safely and there were strong infection prevention and control measures in place.

The provider had systems in place to ensure that safeguarding referrals were made, and any incident or

accident was reviewed. There was a complaints system in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 31 July 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 18 August 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alexandra Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alexandra Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alexandra Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the start of our inspection there was a registered manager in post. However, they left their post shortly after our site visit.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 09 November 2021 and ended on 08 December 2021. We visited the service on 09 November 2021.

What we did before the inspection

We reviewed information we had received about the service since registering. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and nine relatives about their experience of the care provided. We spoke with nine members of staff including the regional manager, registered manager, deputy manager, nurses and care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed feedback about staffing levels. Some people and their relatives told us they felt there was a lack of staff. One person told us, "Not much staff around but I get help when needed." Another person told us, "I guess I would like to get out more, but it is what it is." A relative told us, "It can be quite difficult for me to find someone to ask how [Person] is. They are rushed off their feet, it can be a little bit frustrating, they are so busy doing things." However, other comments from relatives included, "They seem to have on that floor. They particularly seem to have the same staff. If I need to talk to somebody, there is someone there" and "Yes, there's always someone to speak to and you can usually speak the nurse."
- Staff told us of similar experiences. One member of staff told us, "Enough staff? Not always, we have agency who cancel at the last minute. When we don't have staff, the other units may help. but we have to prioritise what care we give." Another member of staff told us, "Most of the time yes, and we will cover with agency if we can, but sometimes, we will work short. There is no impact on people's safety, but we cannot spend as much time with them as we would like."
- The provider used a dependency tool to calculate the required staffing numbers based on people's support needs. We saw that staffing levels were consistent with the outcome of the tool but observed that staff were not visible in many areas of the service and were often hurried, moving from task to task.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had a risk assessment process in place with templates for staff to complete. We found that the process was not consistently followed by all staff. There were marked differences in the quality of records between the three units at the service.
- Assessments were completed when risks to a person had been identified. However, the guidance in place was not consistently followed. For example, two people had been identified as at high risk of pressure injuries with pressure relieving mattresses in place as mitigation. The assessments stated that this equipment should be checked daily, however there were no checks in place. A nurse implemented recording sheets following our feedback.
- Risk assessments were not always consistent with the information recorded in people's care plans. For example, one person's risk assessment identified they were at high risk of choking and required a modified diet. This person's care plan detailed conflicting information. In one area of the care plan it was recorded that the person had a 'normal diet' and required no assistance with meals. In other area of their care plan, it stated the person required a 'soft diet' and assistance with all meals. The registered manager removed the inaccurate information when informed.

- Staff were aware of their responsibilities to report any accidents or incidents. The provider had processes in place to ensure action was taken in response to each report and identify any learning.

Systems and processes to safeguard people from the risk of abuse

- People, and their relatives, told us they felt safe care was provided. One person told us, "I feel safe, staff are nice and respectful." A relative told us, "I have always felt [Person] has been safe there."
- Staff knew signs and symptoms of potential harm and abuse and told us they would report to management any concerns they had. However, when asked about reporting externally they were unsure of whom they had to contact. One staff member told us, "The manager would raise this with more senior manager in the company and with families. I would probably report to police if nothing had been done."
- There was an up to date safeguarding policy and management maintained an accurate record of any safeguarding referrals made to the local authority.

Using medicines safely

- Medicine Administration Records (MAR) seen were fully completed. Regular stock checks and audits were completed.
- There were protocols in place to guide staff on how and when people should take their medicines including those prescribed 'as and when required'.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits to the service were being facilitated safely. Relatives could visit their loved ones in their rooms or in a 'visitor pod' located in the garden. Visits were being provided in accordance with Government guidance. The provider confirmed they would continually review these arrangements in line with any guidance changes to provide more visiting opportunities.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and their relatives told us that they were happy with the food provided. However, one person told us, "I have a problem with the food don't like it and I don't want to bother them to ask for something else."
- We observed the lunch time meal on all three units. Whilst, some people enjoyed their meals in the communal dining areas and the social experience of eating with others. Other people were seen to be eating in their rooms alone or with little interaction with the member of staff who was assisting them.
- We spoke with the chef who confirmed they were aware of people's nutritional needs, likes and dislikes and any specific diets to be catered for. They sought feedback from people on each of the units but confirmed they were not involved in the monitoring or reviews of people's nutritional needs and relied on nursing staff keeping them up to date with any changes.

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

- The service was tired and dated and we saw there were few changes to the environment since the provider had purchased the service from the previous provider.
- One of the units was designated as being specific to supporting people with dementia. Whilst there was some signage and reminiscence items, there was little differences between the units in décor, layout or design that indicated the environment had been adapted to meet people's needs.
- The provider confirmed there was a refurbishment and redecoration plan in place however, more significant building works had to be prioritised.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had a process in place with templates for staff to complete regarding people's capacity. There were marked differences in the quality of records between the three units at the service.
- Whilst some people had robust records of a capacity assessment and subsequent best interest decisions made with relatives and relevant health professionals, other records lacked information as to how decisions were reached on behalf of people.
- DoLS had been applied for where required.

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

- People's needs and choices were assessed prior to admission to the service. The assessment completed looked at the person's care needs, preferences and any specific equipment that may be required.
- Following the assessment care plans were created using the information from the pre-assessment process. A relative told us, "[Person] had been to a lot of assessments and had chats with the GP. [Person] had lost weight so that was recorded, and a plan put in place. They (staff) referred [person] to the dietician."

Staff support: induction, training, skills and experience

- People and their relatives told us they thought staff were well trained. A relative told us, "When I get in the building, they know their jobs and do what needs be done." Another relative told us, "There has been far better training of the staff and they are more aware. They have a lot of different staff; they are aware of [person's] health needs."
- Staff followed an induction programme when they started work at the service. One member of staff told us, "Induction was over two weeks, I had done caring before so knew how to look after people, but still I had to do two weeks. They observed me in the second week, and then the senior carer and nurse assessed me and said I was okay to work alone."
- Staff training was monitored via a training matrix and competency checks. The management team had a training plan in place to ensure all staff remained up to date with training and completed refresher courses when needed.

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

- Staff ensured appropriate and timely referrals were made to healthcare professionals when identified as needed. We saw evidence of people having been referred to a range of services such as dietitians, speech and language therapists, tissue viability nurses and physiotherapists.
- People's care plans included the guidance received and reviews of the outcomes from the referrals made.
- People living at the service were supported to have regular contact with their GP to ensure their health needs were frequently reviewed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was not always reflected in how staff were supporting people. For example, all bedroom doors were open except for when personal care was in progress. People were visible from the corridor, without being fully dressed. Some people's continence aids, and catheter equipment was visible.
- Staff told us they did not always have the time to offer companionship to people or support their well-being due to them being so busy. One member of staff told us, "Sometimes we can't spend that time with them. We are under pressure."
- People and their relatives told us staff were caring. One person told us, "The girls are really nice, they try their best, I don't really have any complaints." A relative told us, "They (staff) genuinely do care. [Person] talks very well of them, they say 'they are my new family.' I am happy with how things are."

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

- People were supported to make choices about their care. Care plans recorded peoples, and their relatives, involvement in assessments and reviews.
- Overall, relatives confirmed they were involved and kept updated about their family members health and welfare. One relative told us, "I am always informed. They (staff) ring if they are concerned. It means, I am happy that the home is aware of changes and keeps me up to date." Another relative said, "[Staff name] is fantastic. Always calling to give me updates, always concerned about [Person]. Lots of times, they tell me how [their] condition is."
- However, some relatives expressed concerns about the availability of staff to answer their telephone calls. Relatives also shared concerns about maintaining contact with their family members and being involved in their care during the COVID-19 pandemic. Relatives expressed that the situation has improved since being able to physically visit the service and see their family member face-to-face.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs and preferences were assessed on an individual basis by completion of the provider's templated care plan and assessment tools.
- Care plans varied in the quality of information recorded. Some care plans had some personalised information about people's likes and dislikes. For example, what clothes they liked to wear or what foods they liked or disliked. However, some peoples care plans needed further development to ensure their individualised needs could be met.
- Due to the demand on staff's availability, people's preferences were not always met. Staff were required to do regular checks, repositioning and other well-being checks which meant there was little time to spend quality time with people.
- We received consistent feedback from people and relatives that there were limited opportunities for being supported to maintain their hobbies and interests or to keep active. One person told us, "I would like to be pushed a bit more to be happier." A relative told us, "I think [Person] could do with more stimulation, it is important he has interaction, as [they are] bed bound." The management team acknowledged that this was an area that required improvement.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans identified how people communicated, however there was no detailed information for where people could not communicate verbally.
- Care plans recorded where people required glasses or hearing aids but did not indicate what other aids were available for staff to use to aid communication.

Improving care quality in response to complaints or concerns

- People and relatives told us that they knew how to make a complaint and felt comfortable in raising concerns with staff.
- Complaints were monitored by the management team and were responded to in line with the providers policy and procedure.

End of life care and support

- End of life care plans had been created for people, with the support of their relatives.
- Information included how people would like to be cared for if they were to become seriously unwell, including if they would choose to receive hospital treatment if their condition deteriorated or be resuscitated in an emergency.
- The service had links with the local hospice and palliative care team to seek further support and advice for people if needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager completed regular audits and reviews of the service following the providers quality assurance system. The audits checked various aspects of the service and generally led to improvements. However, they had not identified the impact the staffing level had on people as described throughout this report.
- The service had a 'home development plan' which detailed actions identified from audits and checks completed. The review of this plan formed part of the oversight by the provider, with the area manager providing support to the management team to continue to address any outstanding actions.
- The 'home development plan' identified a number of actions to be completed to address issues found within individual care plans following audits. However, the audits had not identified the marked differences in the quality of care records across the three units that we found on this inspection. The registered manager explained that ten percent of care records were audited each month, which could explain why the audits had not identified the issues we found. They took action to ensure that the care records we reviewed as part of the inspection were amended as required. Following our feedback, they confirmed they would review further records.

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

- People and their relatives told us that the care provided at the service met people's physical needs and was safe. It was clear from some feedback received during our inspection, they felt staffing levels were a barrier to receiving individual, personalised care in some areas.
- We received mixed responses from relatives about engagement with the service. One relative told us, "Yes, I get fairly regular newsletters and communication by emails, almost once a week. That's fine, there are not always a great deal of changes." Another relative told us, "When the [previous provider and manager] was there, they had relatives' meetings. I would probably go if they had them now."
- Staff told us that management were approachable and supportive. One member of staff told us, "[Registered manager] is just downstairs, I can go there when I want, and I know [they] will be okay."
- Staff received regular one to one meetings with senior staff and regular team meetings were held. Some staff told us they found that meetings were "more instructions than conversation." One member of staff told us, "I haven't ever been asked for what I think about things. If the meetings were changed, I would go and feel part of the things they want to change."

- Relatives confirmed they had been asked to provide feedback on the service and had received a survey. Results were collated by the provider organisation and shared with the service. During the most recent survey, dated February 2021, there were many positive responses, and detailed responses where relatives gave examples of where improvements could be made. This feedback was shared with staff and included in the 'home development plan', However some actions, such as the improvements required to activities and social engagement, remained outstanding. These actions had identified as required for a period of nine months

We found no evidence that people had been harmed however, systems and processes for governance and quality assurance were not always effective and failed to monitor and improve the quality of care being provided to people living at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence of partnership working with other professionals including GP's, dietitians, speech and language therapists and community nurses.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong.

- All incidents were investigated, and outcomes shared with partnership agencies, people, relatives and staff.

- The registered manager ensured that notifications were submitted to CQC as required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes for governance and quality assurance were not always effective and failed to monitor and improve the quality of care being provided to people living at the service.