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Alexandra House - Leicester

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection on 13 March 2017. Alexandra House is a residential care home that provides personal care for up to 17 older people. At the time of our inspection 16 people were using the service. At our last inspection in January 2016, the service was rated 'Good'. At this inspection we found that the service remained 'good' for being safe, effective, caring and responsive. However, we have required the provider to make improvements to Well-led.

A condition of registration was that Alexandra House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Alexandra House had a registered manager but they were not actively involved in the running of the service. This responsibility was delegated to a person who was managing the service. That person told us they would apply to be the registered manager.

The provider's arrangements for monitoring the quality of the service people experienced were informal. Few records of monitoring activity were kept. Not all reportable incidents had been notified to CQC.

People's views were sought daily through dialogue with them. An annual satisfaction survey had been carried out.

People continued to receive safe care. They were supported by staff who knew how to recognise and report any signs that people were abused or at risk of abuse. The provider had assessed risks relating to people's care to help them to remain safe.

The provider had procedures in place for staff to report concerns and for those concerns to be investigated and acted upon.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were supported to received their medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated them with respect, kindness and dignity.

People had care plans in place that were focused on them as individuals. This allowed staff to provide consistent support in line with people's personal preferences.

People's needs were met in line with their individual care plans and assessed needs. Staff understood people's needs and provided care and support that was tailored to their needs.

People and their relatives felt they could raise a concern and the provider had systems to manage any complaints that they may receive.

We found one breach of regulation. 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?

Good

The service remained safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager did not take an active role in the running of the service. This responsibility was delegated to a manager.

People's quality of care was monitored, but the procedures for doing this were informal. Few records of monitoring activities were made.

Not all reportable incidents were notified to CQC.

Alexandra House - Leicester

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.

This unannounced inspection was carried out on 13 March 2017. The inspection team was made up of an inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of service. Our expert had experience of caring for older people and people living with dementia.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people who used the service and relatives of three other people. We spoke with the provider, the manager, two care workers and the cook. We reviewed the care records of four people who used the service and two staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance records, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to seek feedback about the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. A person told us they felt safe because, "I am looked after here" and another said, "I'm alright here." People added that they felt safe because they could use call alarms in their rooms to summon assistance. A person told us, "I feel safe here. I can call for help in my room" and another said, "I would ring the bell in my room if I needed help."

Relatives also told us they felt people were safe at Alexandra House. One told us, "We are very happy with this care home. [Person] wouldn't be here if we weren't." Another relative explained why they believed their parent was safe. They said, "When I take her out (once a week) she always asks when she can come back here. She likes her room here and always wants to come back to it." A third relative told us they often visited Alexandra House and they were confident their parent was safe. They said, "Mum's safe here."

Staff understood their responsibilities to safeguard people and knew how to raise any concerns using the provider's safeguarding procedures if they suspected or witnessed ill treatment or poor practice. They had received training and were supported by up to date guidance and procedures. A care worker told us about a time they reported a concern. They told us, "I let the manager know about the way a colleague spoke to a person. The manager investigated it and gave me feedback." They and the other care worker we spoke with told us they confident about raising concerns with the manager because they believed they would be taken seriously and listened to.

People's needs were regularly reviewed and any changes were acted upon. People's care plans included risk assessments that were updated to reflect changes and actions that needed to be taken by staff to ensure people's continued safety. For example, where people were identified as being at risk of falls staff had guidelines to follow to help prevent falls. This included ensuring people had access to their walking aids. A person told us, "They look after me. I don't fall." We saw throughout the day of our inspection visit that staff supported people to safely leave their chairs and walk to where they wanted to go.

The provider carried out regular maintenance safety checks in all areas of the home including safety equipment, water supplies and the fire alarms. They ensured that people were not able to access an area where extensive building work was taking place to extend the home. There was a system in place for ensuring that the front door was secure to minimise the likelihood of uninvited visitors entering the premises without staff knowledge or people's agreement.

People's assessed needs were safely met by sufficient numbers of experienced staff. The manager assessed how many staff were required based on people's dependency levels. For example, one person required the support of two staff when they were supported with their mobility. This was taken into account when staff rotas were planned.

People told us that when they needed support they received it quickly. A person said, "If I need help I just ask someone. They usually come quickly." Another person said, "I think that there are enough staff." A relative told us, "Generally there are enough staff." We observed that staff were attentive to people's needs and that

people were not kept waiting to have their needs met. This included the busiest time of the day when people were supported to go to the dining room for their lunch-time meal. A care worker told us, "There are enough staff. There has never been a problem with understaffing." When we looked at rotas we saw that there were always at least three care workers and the manager on duty. This meant there were four staff caring for 16 people which was a safe level of staffing.

People could be assured that prior to commencing employment in the home; all staff had their suitability assessed through a recruitment process. All the necessary pre-employment checks were carried out before a person started work including a Disclosure and Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the workforce.

People who used the service told us that they were supported to take their medicines. A person told us, "I know what my meds are and it's given correctly" and another person said, "I'm given my medication. It is all done properly." A relative told us, "I've seen them administer medication and it's brilliant." However, two weeks before our inspection the local authority who pay for the care of some of the people who used the service shared a concern with us and the service about medicines administration records (MARs). They told us, and we verified, that staff did not always complete the MARs to show whether people had taken their medicines. This did not mean that people had not had their medicines, but it did mean that MARs records were unreliable. The manager introduced improvements from 6 March 2017. Improvements included ensuring that the member of staff who administered medicines during a 'medications round' was not interrupted or distracted by colleagues. This reduced the risk of errors being made and MARs not being completed. We found that since 6 March 2017 MARs were completed. Other aspects of medicines management, for example accurate stock control and storage of medicines were safe.

Staff followed guidelines for medicines that were only given at times when they were needed ('PRN medicines), for example Paracetamol for when people were in pain. A person told us, "If I'm in pain I can ask for a pain tablet." People who required PRN medicines were supported to have those medicines safely because staff followed written guidance about how to do this.

Only staff who were trained in management of medicines and who were assessed as competent to support people with their medicines did so.

Good

Is the service effective?

Our findings

People who used the service and relatives told us they felt that staff had the right knowledge and skills to meet their needs. In the most recent satisfaction survey carried out by the provider every person reported that staff understood their needs and described staff as 'professional'. A relative of a person who used the service told us, "The staff are well trained."

New staff had induction training that included a period of up to three weeks when they 'shadowed' an experienced care worker as a means of learning about people's needs and how they should be supported. A relatively recent recruit told us, "I shadowed an experienced carer for three weeks. I read people's care plans and spoke to them to learn more about them."

Staff received training in areas that enabled them to understand and meet the care needs of each person who used the service. Records showed that staff training was regularly updated and staff skills were refreshed. A care worker who had worked at the service for several years told us, "I've had lots of training."

The training staff received included using equipment to support people with their mobility. That training included staff having the equipment used on them so that they could experience what it felt like to be supported. A care worker told us, "The training I had gave me confidence to do my job."

People were cared for by staff that received supervision to carry out their roles. Staff told us that they felt supported by the manager who they said was very approachable. A care worker told us, "The manager is always available." Throughout our inspection we saw the manager supporting staff with advice and 'hands-on' assistance.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. We observed staff communicating effectively with people using a variety of means to help them understand what people wanted. For example, staff looked out for signs of agreement or disagreement with the care that was offered and explained and they respected people's choices.

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 are called the Deprivation of Liberty Safeguards (DoLS). The manager had made applications for DoLS for three people who used the service. We checked whether the service was working within the principles of the MCA.

People's care plans contained assessments of their capacity to make decisions for themselves and consent

to their care. There was recorded evidence of how decisions had been reached through best interest meetings. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

People were supported to have sufficient to eat and drink to maintain a balanced diet. The meals were prepared by a cook who used information about people's dietary needs and preferences when they planned meals. The cook told us, "The people here like traditional English dishes, so that's what I make."

People told us that they enjoyed their meals and that they had a good choice of meals. If people did not choose a meal they were offered an alternative. Comments from people included, "I like the food. You can get what you want" and "I always enjoy the food." A relative told us, "The food is good especially the puddings." People were supported with their preferences about when they had meals. A person told us, "I get up very early in the morning. I have a first breakfast of marmalade on toast and a cup of tea. I have a second breakfast of cereal with warm milk." People told us they had enough to eat and drink. Comments from people included "I have enough food" and "If I want extra I just ask" and "We get cups of tea during the day."

We observed a lunch time dining experience and saw that people who were not able to eat independently were supported to do so in a way that met their needs. People who needed support with eating their meals were supported by staff. We heard staff encouraging people to eat their meals. A care worker said to a person, "Try a little because you might go hungry." When people appeared not to want to eat, care workers told people they could have their meal later. Our observations were that people enjoyed their mealtime.

People told us that staff supported them with their health needs. Two people told us, "If I am ill I will always see the doctor" and "If I needed a doctor they would get one for me."

People's healthcare needs were met. Staff maintained records of when healthcare appointments were due and carried out, such as GP review of medicines, eye tests, dentist and the chiropodist. They supported people to attend appointments. A GP from a local medical centre visited Alexandra House at regular intervals, but also on request. Staff had training about medical conditions people lived with, for example diabetes. People were weighed monthly as a means of monitoring their health. If people experience unplanned weight loss staff notified the person's GP and acted on their advice. A person who had experienced weight loss was supported to gradually return to their preferred weight through support with their nutrition.

Good

Is the service caring?

Our findings

People told us that they liked the staff. A person told us "The carers here are very, very kind to us all." Other comments included, "The staff are nice. A relative who participated in the most recent satisfaction survey wrote, 'This is a lovely, friendly caring home and I'm glad my [person] can live here and be cared for by kind people.' A care worker told us, "This isn't our work place, it's the peoples' home." They told us they would have no hesitation about a relative of theirs using the service. A relative of the provider used the service which showed they had confidence that the service was a caring service.

Staff treated people as individuals. We saw many examples of staff treating people with kindness and compassion. For example, when staff supported people to walk to different rooms they did so in a way to show that the person mattered to them. They referred to people by their preferred names, encouraged and praised them to give them confidence and supported people at a pace that was comfortable for the person.

Staff developed caring relationships with people because they understood people's needs and preferences and had insight into how people wanted to be supported. No two interactions were the same. Staff communicated with people in ways that suited the person. We heard staff uses different expressions to different people to explain the same activity, for example walking safely or encouraging people to eat.

Staff were skilled in communicating with people even when people were unable to communicate verbally or effectively. We saw that staff responded to people's expressions and gestures and took care to ensure that people understood what they were communicating. For example, during lunch one person began to show signs of uncertainty about whether they wanted their meal. We observed a staff member explaining the benefits of eating the meal, suggesting the person ate a small part of it and more later and saying "I don't want you to go hungry." The person responded to this and ate part their meal before a few minutes later asking the care worker to take the meal away. Staff knew the person liked puddings and said they'd bring them one when they wanted. This had the effect of calming the person who said they looked forward to a pudding later. Throughout this interaction which lasted 20 minutes staff listened to the person and respected their wishes.

People's dignity and right to privacy was protected by staff. One person told us "All of my care like dressing is done in my own room in private. I have to have my legs looked after and that is done in my room in private." We observed that people were asked discreetly if they would like to use the bathroom. People told us that staff always knocked on their doors before entering their rooms.

Relatives told us they felt listened to when they spoke with the manager about things that mattered to them. One relative told us, "I have spoken to the manager about the fact that some of mum's clothes have gone missing. They came back eventually. After speaking to the manager that problem has now been sorted out." Another relative told us about how a person liked to have their tea [drink]. They told us, "I asked for [person] to be given her tea in a cup with a saucer served on a small table next to her chair in the lounge. That was sorted out too." This showed that the service paid attention to matters of detail that were important to people.

People were able to have visitors without any undue restrictions. A person told us, "I have visitors, all family." A relative told us, "I visit two or three times a week." We saw from the visitor's signing-in book that relatives visited throughout from morning to evening.

People's relatives were made to feel welcome. A relative told us, "It's like a family here." Another relative told us, "I'm comfortable chatting to the staff. I have a good relationship with the staff." Relatives also told us they were kept informed about things they needed to know. A relative said, "I am kept informed and updated about [person]."

Good

Is the service responsive?

Our findings

People told us that they received care and support that met their needs. Their comments included, "I'm looked after", "I'm happy here" and "The staff help me." Relatives we spoke with were confident their family members were well cared for. A relative said, "We are happy with mum's care. We're happy mum is here."

People's needs were met in line with their care plans which covered every aspect of their assessed needs. The manager or senior care worker carried out monthly reviews of peoples' care plans. People received care that corresponded to their detailed care plans. For example, one person often got their words muddled and said the opposite of what they meant. Their care plan stated that staff should give the person time to express themselves and that staff should explain the situation the person was experiencing. We observed that happen when staff supported the person at lunch time, and saw that they allowed time for them to explain their choices and preferences.

Where people were at risk of falls, we observed that staff followed people's plans of care and were vigilant in observing them when they supported people when they walked. Staff ensured that people who were seated for long periods were repositioned to ensure their comfort. This was important because repositioning people at regular intervals reduced the risk of people developing pressure ulcers.

People were involved in planning and reviewing their care when they wanted to; though most told us their relatives did that for them. Relatives told us they were involved. They told us they had good relationships with the manager who involved them and kept them informed. A relative told us, "There is definitely communication, so I do know what's going on." Another relative said, "I regularly speak to the manager, regularly discussing how [person] is doing and what needs to be done for her."

People's preferences about how they wanted to be supported were recorded in their care plans and staff ensured these were acted upon. For example, a person who told us, "I'm a very early riser. I get up when I want to and have something to eat" was supported to get up early and have an early breakfast. This showed that people's care and support was planned and delivered in line with their individual preferences and choices.

People were supported to follow their interests. People told us they were able to listen to music and watch their favourite television programmes. Staff reminded people when their favourite programmes were on. This was important to people, for example a person was a keen supporter of a football team and staff ensured they were able to watch their team on television. People told us they like to 'chat' with people. They were able to do that because of the layout of the seating at Alexandra House and choice of three lounges.

We saw lots of board games, jigsaws, books and magazines for people's use. People participate in activities the manager arranged, for example planting seeds in time for spring. People were entertained by local drama group; staff brought their children to Alexandra House to meet people so that they enjoyed the presence of people of different generations. Staff brought their pets to the home for 'pet therapy'. A person told us they enjoyed helping staff with routines such as dusting and setting tables for meal times. We saw

them doing this and they clearly enjoyed the activity. This showed that people were supported to engage in activities they found meaningful and stimulating.

People with faith needs were supported to attend religious services at Alexandra House every Friday. The manager arranged for representatives of different denominations to visit people.

People and relatives they were confident about raising any concerns or making a complaint if they needed to. A relative told us they once raised a concern about the 'attitude' of a member of staff. They told us, "I raised it when I spoke to the manager. They were brilliant. I have only had to make a complaint once in a blue moon but it' was sorted out." A person who used the service told us, "I would tell my daughter if I wasn't 100% here." Their daughter told us, "If I had a complaint I would tell the management. You should never feel frightened to complain."

A complaints procedure was available for people who used the service explaining how they could make a complaint; people said they were provided with the information they needed.

Requires Improvement

Is the service well-led?

Our findings

Providers are required to notify CQC of any incidents where a person suffers a serious injury. We found at previous inspections that the provider had notified such incidents and had continued to do so since the last inspection in January 2016. However, we found that seven incidents which occurred in January 2017 where people experienced harm or serious injury had not been notified to CQC. We found there had been a lapse in ensuring that such incidents were notified. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

It is a condition of the service's registration with CQC that the service has a registered manager who is responsible for the management of the regulated activity 'Accommodation for persons who require nursing or personal care'. The service had a registered manager but they had not been actively involved in the management of the service for over 12 months. The responsibility for managing the service was delegated to a person with the job title 'manager'. We discussed this situation with the provider. They told us that the registered manager would apply to cancel their registration with CQC and the manager would apply to be registered manager. The manager confirmed a week after our inspection that those actions had been initiated.

The provider relied on 'informal' arrangements for monitoring the service. They believed this suited a service that prided itself on being a 'family home'. The manager and provider told us that they sought people's feedback every day through conversations with people. People who used the service and their relatives confirmed this to be the case. They told us that they spoke regularly with the manager and the provider. A person told us, "The owner comes to speak to me if he sees me." A relative told us, "There is definitely communication [between themselves and the manager and provider]." Relatives told us they had known the provider and manager "for years." One relative told us, "It's like a family here. I know the manager and the owner."

The provider was unable to show us that people's feedback was analysed and that actions were taken to address issues people had raised. That was because they did not keep records of actions taken. Nor did they keep records of other monitoring activity.

The reliance on informal arrangements meant that the provider was unable to show us what actions had been taken in response to people's feedback. For example, the results of an annual survey of people using the service were not analysed. The results were mainly positive, although some people rated aspects of the service as 'average'. However, there was no record of actions taken to address those parts of the service individuals rated as 'average'.

The manager told is they carried out checks and observations of staff but not all of these were recorded. The monitoring arrangements had not identified gaps in peoples' MARs records, though the manager acted promptly after these were brought to their attention by the local authority.
We discussed the arrangements for the quality assurance of the service with the manager and provider. They told us that they make these more formal and would introduce a quality assurance procedure that assessed

compliance, using our 'Guidance for providers on meeting the regulations'.

People were supported by a team of staff that had the guidance and support they needed to do their job. People benefited from receiving care from a team that worked well together and was enabled to provide consistent care they could rely upon. Care workers we spoke with told us they were well. One told us, "I feel well supported and the team work well together." Another told us, "Team work is good. The manager supports us. They tell about the aims of the home and what needs to be done. They are very open and honest".

The manager promoted a positive culture that was open and inclusive. Staff were encouraged and enabled to reflect on what constituted good practice in staff meetings and supervisions. They were encouraged to make suggestions to improve the service. A care worker told us they made a suggestion at a staff about the laundry arrangements after a relative mentioned that a person did not always get their clothes back. The care worker's suggestion was implemented and no further concerns were raised about this by relatives.

Policies and procedures to guide staff were in place, though some needed updating. The manager had begun a review of policies and intended to develop a library of bespoke policies unique to Alexandra House. The staff we spoke with were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding people.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that all incidents where a person had suffered a serious injury were notified to the Care Quality Commission. We identified seven such incidents, all of which occurred in January 2017. Regulation 18 (1) (2) Care Quality Commission (Registered) Regulations 2009 (Part 4).