

# The Healthcare Management Trust

## Alexian Brothers Care Centre

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

### Overall summary

This inspection took place on 10 March 2015 and was unannounced which meant the provider and staff did not know in advance we were visiting. The last full inspection took place on 02 September 2013 during which we found the service was not meeting the requirements in relation to regulations we looked at concerning the management of medicines.

We followed this up on 20 January 2014 and again with a pharmacist inspector on 28 August 2014 where we found improvements had been made.

The Alexian Brothers Care Centre is a 74 bedded care home, providing long-term care for older people who require residential support and nursing care. At the time

of our visit there were 73 people residing at the home. Care is provided over three floors and attached to the home is a chapel which is used by people living at the home and the local community.

The home is required to have a registered manager. At the time of our inspection there was a registered manager who had been in post since 2010. 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.

# Summary of findings

The manager was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager was also aware of the recent Supreme court ruling in relation to DoLS. The Deprivation of Liberty Safeguards aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

There were systems in place designed to keep people safe such as safeguarding policies and procedures and risk assessments in relation to falls, moving and handling and nutrition. We spoke with staff and found they had a

good understanding of safeguarding and whistleblowing procedures which are designed to keep people safe. The registered manager had kept us informed of safeguarding incidents and other notifiable events which had occurred in the home in line with their statutory obligations.

We found some areas of the home were in need of redecoration and corridors in bathroom areas needed to be kept free of clutter.

We found the home to be exceptionally well led with a strong emphasis on providing a high standard of person centred care. This was evident throughout the home.

# 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?

The service was safe however some parts of the home were not well maintained and improvement was needed.

People told us they were very happy with the level of support they received and that they felt safe living at the home.

There were good systems for ensuring concerns about people's safety were managed appropriately. Medicines were stored and administered correctly.

People told us and we saw there were enough staff on duty to meet people's needs. There were comprehensive risk assessments and care plans in place to ensure staff knew what level of support people needed.

Requires Improvement



### Is the service effective?

The service was effective.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made. This meant that appropriate steps had been taken to ensure people's rights were protected.

There were arrangements in place for people to have a healthy and nutritious diet and systems were in place to ensure staff recorded and monitored the correct nutritional information for people who were at risk of weight loss or malnutrition.

There was training and supervision programme in place to ensure staff had the knowledge to meet people's individual needs. Staff we spoke with understood the needs of people well.

Good



### Is the service caring?

The service was caring.

People we spoke with spoke positively about the caring nature of the staff. They told us staff cared for them well and they liked living at the home.

We saw people were treated with kindness and compassion. Staff spoke positively about the people they were supporting and were respectful about their needs.

Staff spoke about their role with pride and told us how much they enjoyed working with the people living at the home. We saw staff were affectionate towards the people they supported which was well received.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People and their relatives told us they knew how to make a complaint if they needed to and felt confident the complaint would be dealt with appropriately.

The registered manager advocated on behalf of people to complain about poor services which they had received outside of the home.

People and their relatives were encouraged to express their views and opinions about the services provided.

## Is the service well-led?

The service was well led and the registered manager had been in post since the service opened in 2010.

We could see there was a commitment from the registered manager to provide a high standard of person centred care and this was evident throughout the management team within the home. We found the home willing to take on board suggestions made to improve the service.

The registered manager was involved in external health and social care forums to help them learn about and share good practice. They understood local and national best practice standards and put these into practice.

We saw the registered manager responded to complaints efficiently and effectively and conducted regular audits of the service to ensure a high standard of care was maintained.

**Outstanding**



# Alexian Brothers Care Centre

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 March 2015 and was unannounced.

The team consisted of two adult social care inspectors, a specialist advisor who was a nurse 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. The expert was experienced in nursing and dementia care.

Before the inspection we looked at the information we held about the service. We reviewed the provider's information

return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the regulations, and what improvements they plan to make. We contacted Manchester City Council for their feedback about the service however none was received.

We spoke with nine people who used the service, 12 visiting relatives, seven members of staff including kitchen staff, care staff, senior staff, nurses and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care.

We reviewed five people's care records in detail. We looked at staff recruitment, training, supervision and appraisal arrangements. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided by Alexian Brothers Care Centre.

# Is the service safe?

## Our findings

When we spoke with people living at the home they told us that they felt safe. Nobody we spoke with raised any concerns about how staff treated them; people told us they all felt safe. They told us “I feel very safe here. They really care for you. The girls are wonderful.” And, “I certainly feel safe here; it’s very good I was recommended this place. I am very lucky to be here”.

We asked people to tell us their views about the staffing levels and we were told, “They’re doing their best. It [the Home] has got a reputation of being very good. I think they’re living up to it.”

We asked family members their views about the safety of the home and were told, “[my family member] is definitely safe here. [My family member] is kept clean and records are kept up to date.”

The staff we spoke with on each floor described each floor as being “well-staffed”. The head of the residential unit explained that two of the floors supported 22 people, and one supported 28. There were three care staff on each floor, one team leader and one qualified nurse available for each of the floors. We found each floor to be adequately staffed to meet the needs of people throughout the day. We found the staff to be well organised.

We visited the home in September 2013 and January 2014 and found some concerns about the safe handling of medicines. A pharmacist inspector from the Care Quality Commission visited the home in August 2014 to check whether improvements had been made and maintained. We saw that some improvements had been made in August 2014 but people were still not protected against the risks associated with the unsafe management of medicines.

After our visit in August 2014 we issued a Warning Notice to make sure that the home made rapid improvements in the safe handling of medicines. We found the required improvements had been made at the inspection in March 2015.

We observed two medication rounds, one on both of the nursing units. We found medicines were stored safely and in accordance with current professional guidance. All the

medicines were locked away securely either in the medicine trolley or in the treatment/medication room. Controlled drugs (CD) and the records associated with controlled drugs were stored securely.

The fridge used to keep medication in displayed an appropriate temperature and we saw records outlining that the fridge temperature was checked daily and was within the accepted range. This meant the home was storing medicine in the correct way.

We looked at a variety of different medicines to check the expiry date and all were within the expiry date. Medication which had been opened was labelled with the date of opening and was discarded within the time specified on the patient information leaflet. This meant the home were managing medicine safely. We found the home was following the National Institute for Health and Clinical Excellence (NICE) guidelines “managing medicines in care homes”. This meant the home was using current good practice guidance when administering medicine.

We discussed with staff who were responsible for administering medication what their understanding was of administering medicines in line with the Mental Capacity Act 2005. They told us they understood people had a right to refuse medication. The records they kept demonstrated that this could be properly recorded and monitored and referrals made to GP’s if needed. We saw documentation in place where covert (hidden) medicine was needed although this needed to be updated.

When walking through the home we found some areas, such as the smoking area and bathrooms, were in a bad state of disrepair. We found some of the ceiling tiles in the bathrooms needed to be replaced as they were badly stained. The bathroom on the middle floor was being used to store unused equipment which, along with the damaged tiles made the area unpleasant and was not conducive to enabling people to enjoy a relaxed bath or shower. This however was not in keeping with the rest of the home, which was clean and tidy and decorated well, and something the registered manager told us would be remedied immediately. We spoke with the maintenance man who also assured us the ceiling tiles would be replaced immediately.

## Is the service safe?

There was a culture within the home of learning from mistakes and when required investigations were done thoroughly and the home had kept us informed of any incidents which had occurred in line with their statutory duties.

# Is the service effective?

## Our findings

People who used the service told us, “The food is like you get at home. It’s good. But there is too much salt in the food.” And, “There’s a varied menu. I get enough food. They come round the day before and ask what you want for breakfast, dinner and tea, it’s fresh and homemade.” And I have my meals in my room.” (This was their choice).

We carried out observations over mealtimes to help us understand, and share the experience with, people who used the service. We noted the tables were set out appropriately with table mats napkins and condiments. There were also sachets of hand wipes available for each person to wipe their hands before their meal. There was a menu on the wall of dining room so people knew what they were having. Drinks were made available throughout the duration of the meal and people were offered choices. We found the lunchtime experience to be a pleasant one with good interaction between staff and people needing support. We noted there was no wastage which told us people had enjoyed their meal.

Menus were planned on a four week rota and included menus for people who required special diets, for example gluten free or suitable for diabetics.

Alongside the nurses, the staff were trained so they could provide specialist care for people they supported. All staff had undertaken mandatory training and had continual in house training. The staff we spoke with understood the complex needs of the people living at the home and knew what was required for people needing more specialist nursing care. Dependency scales were used to measure the level of support people needed and these were assessed regularly.

Staff also completed competency based assessments to make sure that they could demonstrate the required knowledge and skills. The staff used assessment and monitoring tools to identify changes in people’s health and wellbeing so they could quickly access appropriate health, social and medical support when needed.

The home provided an environment and facilities that were appropriate to the people who used the service and their

families. We saw that pictures and signs were placed throughout the home, these were formatted in such a way that people and families were able to navigate their way around easily.

Resources were available to enable staff to meet the needs of all the people they supported. Resources included: a garden and a garden room, communal lounges and dining areas, smaller rooms to access if private space was needed, a hairdressers and a shop, a mini bus and a church.

The manager was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager was also aware of the recent Supreme court ruling in relation to DoLS. The Deprivation of Liberty Safeguards aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Staff training records showed us that staff had undertaken training in MCA and DoLS. When we spoke with staff they confirmed that they had undertaken training and demonstrated an awareness of the issues around people’s capacity.

The registered manager confirmed they had made a number of recent applications under DoLS due to changes to guidance in this area. We saw from people’s care records that people’s capacity to make day to day decisions had been assessed where appropriate. This showed us that the service knew about protecting people’s rights and freedoms and the records we saw showed us appropriate referrals were being made to keep people safe.

Records showed us, and staff told us, that they had received regular supervision and an annual appraisal to support them in their role. Staff spoken with confirmed recent training undertaken such as safeguarding and the MCA.

We looked in detail at five care records to look at how the home responded to changes in need and how things were referred to other healthcare professionals when necessary.

We saw referrals had been made to the dietician when there was a weight loss and the tissue viability nurse where there was a risk of pressure areas developing. The weight was monitored monthly and an update of actions submitted to the registered manager.



# Is the service caring?

## Our findings

We spoke with a number of people about the care they received at the home. They told us, “The staff are very kind in the way they care for you.” And “The girls are very friendly, they take care of me.”, “I’m happy here. They look after me, that’s the main thing.” And “It’s very good. The staff are very good. I’m happy here.”

All the people who used the service and their families we spoke with told us they were happy with the care and support they received at the home. A person using the service told us, “They are excellent at looking after you. Amazing, I feel so lucky to be here. “One family member told us, “I can’t fault them at all. All the carers have a lovely personality.” And “I think it’s lovely here. That’s why we chose it. We want to come and live here when we are older; it’s like an extended family.”

We saw evidence that the provider regularly sought feedback from people who used the service and their families about the care.

Feedback from the provider’s last satisfaction survey in 2014 showed that 56% of people using the service thought the respectfulness of staff towards them was “outstanding” whilst a further 39% thought it was “good”. 54% went on to say the warmth and sensitivity shown towards them by staff was “outstanding”. We noted staff engaged well with people, taking time to listen to what they were saying in a warm and friendly manner whilst reassuring people by holding their hands or stroking their face where it was appropriate to do so. We saw people responding positively to this level of interaction.

We observed staff treating people and their families with dignity and respect. Each member of staff was trained as a dignity and end of life care champion and those staff we spoke with said they felt “proud” to be able to support people with a high level of care and compassion.

The staff showed us the processes and resources available to individuals who required this specialist care. We saw that the families of people using the service could be close to their relative during this time and there were regular assessment and reviews by nursing and medical staff and individual care plans which outlined the end of life

preferences of the person and their family. The Priest lived in separate accommodation on site and attended to residents’ spiritual needs especially at end of life. People we spoke with found this a comfort.

The service kept any private and confidential information relating to the care and treatment of people they supported secure. People who used the service confirmed that staff respected their privacy and need for time alone. One person who used the service said, “We like going in the garden, we can spend time in our rooms or do activities, it’s up to us.”

Outside the rooms of people who had consented to have their photograph taken were pictures of the person engaging with staff members. These photographs showed the person laughing and engaging positively with the person supporting them. Not only were they nice pictures but they also served to orientate people to their rooms.

We found people’s bedrooms to be personalised, warm and inviting. In each person’s room there were pictures showing staff and residents on visits out to local community as well as family photographs and other personalised items. We also saw there were “one step” profiles on boards in their bedrooms. This identified some of people’s individual likes and dislikes and hobbies and interests. Staff told us this enabled them to instigate conversations with people who used the service whilst supporting with their morning and night time routines and personal care. This meant the home was taking steps to ensure staff understood and knew people well to help staff offer appropriate support and for people who used the service to feel valued and listened to.

People told us they were very happy living at the home and happy with the staff and the level of support they received. We saw that staff encouraged people to chat and socialise with each other and there was friendly banter amongst staff and people who used the service throughout the home.

We looked at the care files of five people who used the service and found them to contain the correct amount of information for staff to support them well. We found people were involved in their care planning and there were systems in place to ensure people could feedback their experiences of care provided.

People who used the service and their families confirmed they were involved in the assessment and care planning

## Is the service caring?

process. This enabled the staff to identify people's care preferences. On the residents and relatives' questionnaire from 2014, 100% of people said they were satisfied with the way they had been involved in their care planning.

For those who were of the Catholic faith there was an integral church for daily mass and other services. Other faith leaders also visited the home regularly. On the day of our visit we saw the service taking place in the chapel was being streamed onto the television in the main lounge area. One person in the lounge area told us, "having the church here is ideal, I can take part in mass every day, it is important to me."

The home had a relaxed and happy atmosphere. We found the ethos of the home, to provide high quality personalised care was embraced by all staff. The relationship between staff, people who used the service and their families was exemplary. Staff were familiar with people needs and spoke with people in a respectful way. Staff were also tactile and

used touch to offer assurances where they were needed. We saw staff responding to people with hugs when the person who used the service indicated this was what they wanted.

All the comments we received about the home were positive. One staff member told us, "A lot of families work here. It's like a community. I would have my dad in here". A family member told us "My dad is a recent arrival. I'm really pleased. He seems to have settled in very well. They are very caring, The care my dad receives is wonderful and he seems very happy. The staff are friendly and welcoming. It feels like home".

The home provided information about advocacy services and support groups people could access if they needed to. Information was displayed in the reception area and was easily accessible for the people who used the service and/or their families.

# Is the service responsive?

## Our findings

We found the home responded well to people's needs and there were a wide range of activities for people to access if they wanted to. They told us, "I go to activities; we've had a fish and chip lunch, and a quiz. The activities are very good."

"We went out to see the fish [at the Trafford Centre] and we've been to the garden centre a couple of times."

Another person said, "They look after us very well. We do drawing in the Garden Room. The Garden Room is special, where we can do what we like." And "I've been down doing activities this afternoon. We were making little cakes. They do your nails too. It's lovely in the Garden Room. It's a change of scenery."

We found the home provided a wide range of activities for the people who used the service. A dedicated area, the garden room, enabled enthusiastic staff to offer a variety of stimulating activities to people who told us they were very happy about what they were being offered.

We looked at five care plans and found them to be thorough and comprehensive. They were used appropriately to assess the needs of the people who used the service. They were detailed and person centred. We did note however two of the care plans out of the five we looked had not been reviewed. The registered manager told us, "some care plans need updating and I am very aware and conscious of this, we have started the process." We saw audits which told us this had been done.

The registered manager provided people and their families with information about the service when they were admitted into the home. The information included a welcome pack which provided information about the home, the facilities and support offered.

We asked people who used the service and their families if they would know how to complain or if they had needed to complain and how this had been dealt with. We were told by a person living at the home, "I have no complaints at all. If I had any complaints I'd go to the matron, [registered manager] she's very nice. "A family member told us "I've never had to make a complaint, but I trust that they would sort it out immediately. They are amazing; it's like a big family".

We saw notices around the home about how to complain. We also saw pictures around the home indicating to people

who lived there and to visitors, who the staff were and what the different coloured uniforms meant. This meant people knew who to access if they needed to make a complaint or just to obtain general information.

We saw examples of where the registered manager had responded to complaints. These were done in a timely way in line with the home's complaints policy and to the satisfaction of the complainant. We saw learning was shared with the staff team through team meetings and professional discussions.

Throughout the inspection we saw that staff consulted with individual people about their choices and were responsive to them. For example one person wanted to leave the table at lunch time to use the toilet. Staff responded quickly and offered reassurance to this person whilst supporting them efficiently and without fuss. We observed the information exchange between staff was good and there was a strong sense of teamwork. We saw staff work quickly and efficiently to respond to meet people's needs.

People who used the service required support to express their views and preferences. This was done via questionnaires, group meetings and one to one sessions with staff. There was an effective system in place to request the support of an advocate to represent their views and wishes. The registered manager had advocated for people who had received poor services outside of the home and was clear about the quality of life and services people should expect.

Around the home we saw pictures on walls and boards showing staff and the people who used services on visits out to the local community. We found that the home had good links with the local community and enabled people to engage in community life.

The local community was able to access the Chapel for Mass on a daily basis and members of the congregation were encouraged to attend the Luncheon Club within the home. We found this to be well received by people who lived at the home and their families as it facilitated integration with the local community especially at significant times of the religious calendar such as Easter and Christmas. Staff told us the home would also cater for other faiths at their times of religious celebrations if required.

The home used an admission checklist to make sure that admissions were safe and coordinated. We saw that

## Is the service responsive?

important information was shared with other professionals about the people they supported when they were being admitted into the home, to hospital or to appointments. One family member told us their relative had terminal cancer. They told us the doctor visited regularly and Macmillan nurses had been arranged.

The home was responsive to the feedback from people who used the service and their families. Examples of this

included the laundry arrangements, more side tables or trays and fitted sheets for beds. The home had made improvements in these areas following on from feedback from the residents' and relatives' questionnaire in 2014.

Staff told us that they also felt listened to. One member of staff told us, "I suggested having a garden built next to the unit for people [who are living with dementia] to go outside. This is being done".



# Is the service well-led?

## Our findings

The registered manager had been in post since 2010 and had a positive presence within the home. All the feedback we received from people who used the service and their families about the management of the home was positive. Comments included, “from my experience of the management, all the staff are excellent at the jobs they do, keep up the good work.” And, “the matron [registered manager] is very approachable and friendly. She genuinely cares about us all. I am very happy and contented.”

We noted the home worked with various colleges and schools and give work experience to student’s placements and work experience including the Prince’s Trust. The registered manager also went to local schools to talk to them about the home and about older people in general and discussed ways the young and old can help each other. Follow up visits were arranged and young people were encouraged to visit and take part in activities and planned events. We found this was a positive example of how the home encouraged and supported community cohesion to prevent social isolation and exclusion of the home and the people who use the service in the wider community.

We spoke with four staff members about what it was like to work at the home. They told us, “The bosses are brilliant. There is good communication here. It’s a lovely place to work. Everyone trusts each other.” And “They really believed in me. They helped me through NVQ Levels 2 and 3.” All the staff we spoke with were positive about their roles and we saw that they treated each other equally and with respect. We noted that all staff including kitchen staff and domestic staff had the opportunity to develop further within their roles. One person proudly told us, “I like the atmosphere here. I have got an NVQ in cleaning and support services.”

We saw the staff were co-ordinated well with specific task allocation, including allocation of fire warden, for every shift. This meant there were clear lines of responsibility and accountability for each shift and staff knew what was expected of them each day.

There was a strong leadership presence within the home and the nursing and non-nursing staff worked well together. For example the medication lead was not a nurse but managed the medication systems and audits. This change in leadership had been in response to action which

had been needed following the last CQC inspection. They were supported in this role by the nursing staff and the registered manager who was an RGN. (Registered General Nurse). There were clear lines of reporting and accountability for the team leaders on each unit and we saw there was good effective communication between them all.

We found the home placed a strong emphasis on continually striving to improve. The registered manager worked in partnership with other organisations to make sure they followed current practice to provide a high quality service. For example, the registered manager had attended a training course with the Alzheimer’s society called “Stepping In”. This was a course designed to “Train the Trainer.” This meant the registered manager was able to cascade training to all staff at the home. We saw the register manager had responded to this by setting up a support group for relatives where cascade training on Dementia was planned for April 2015.

The registered manager was also the lead nurse and advisor for care homes for North Manchester. They had been approached by the clinical commissioning group (CCG) in Manchester to facilitate this role. This meant that the registered manager had access to and was able to share good practice within the home. One of the pilots the home was involved in with the CCG was for GP’s to do regular ward rounds within care homes so that people who use services were treated proactively instead of reactively.

The registered manager spoke with pride and enthusiasm about the home, the staff and the people who lived there. They told us “The Alexian Brothers Care Centre and its staff have worked hard over the last 5 years to give the best quality of care they can. We have gained the Dignity in care award, The Gold Standard National Quality Award for end of life care and Accreditation for Dementia Care. We also have a 5 on our environmental health assessment.” We found there was a high level of commitment from the registered manager and the staff to strive to continually improve the service.

We also found the home to be proactive in working with other agencies for end of life care. For example the home was currently working together with North Manchester CCG and St Ann’s Hospice to look at the possibility of North



## Is the service well-led?

Manchester CCG purchasing two beds on a full time basis for end of life care at the home. This meant that people could be fast tracked to the home instead of ending their life in hospital or having delays in their care.

We found the home to have robust quality monitoring systems in place, for example medication and care planning audits along with staff training and quality audits were all up to date. However on the day of our inspection we found maintenance checks had not been completed. We spoke with the maintenance man and the registered

manager about the importance of keeping correct records to enable the registered manager to complete thorough audits of the maintenance of the home. The registered manager assured us this would be looked at as a priority.

We found overall the service was exceptionally well led. The registered manager had developed and sustained a positive culture within the home and had used the feedback from the last inspection to drive improvements. Staff spoke with pride about their roles and people who used the service told us their care was excellent.

This section is primarily information for the provider

## Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.