Mrs P A Garvan and R Sidney

Alexandra House Nursing and Residential Care Home

Inspection report

Alexandra House
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Tel: 01493859641

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Alexandra House is registered to provide care and support to up to 25 people many of whom may be living with a diagnosis of dementia. On the day of our inspection 19 people were living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood safeguarding procedures and were able to recognise the signs of potential abuse.

Risks to people had been thoroughly assessed and plans put in place to manage these risks while enabling people to live their lives without unnecessary restriction.

Robust recruitment procedures had been followed to reduce the risks of employing staff unsuitable for their role. There were sufficient numbers of staff deployed to meet people's needs. Staff received comprehensive training to enable them to meet people's care and support requirements.

People were given support to take their medicines as prescribed. However, we identified that the medicines auditing procedure was not always effective.

People's nutritional needs were met and they were supported to access healthcare services if they needed them. People's health needs were closely monitored and any changes to their needs were immediately reflected in their care plans and the care that they received.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager and staff understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance.

People were supported by staff who showed respect and cared for them as individuals whilst maintaining their dignity. People were encouraged to make their own decisions where possible and their consent was sought appropriately.

People and those important to them were involved in planning their care and agreeing how it was delivered. People's independence was promoted and their care was delivered in the way they wished by staff who were knowledgeable about their needs.

People who used the service and staff who supported them were able to express their views on the service.

People were supported to make complaints and were confident that these would be heard and acted upon. The service maintained good communication with people who used the service and their families.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported to meet their needs by sufficient numbers of staff. Staff had received training in how to identify and report any safeguarding concerns.

Risks had been appropriately assessed as part of the care planning process. Staff had been provided with clear guidance on the management of identified risks.

Medicines were stored and managed in accordance with best practice although recording of the stocks of some 'as required' medicines was not always complete.

Is the service effective?

Good

The service was effective.

Staff were motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were supported to have their nutritional needs met and to access health care services when they needed them.

Is the service caring?

Good

The service was caring.

Staff knew people well and provided support discreetly and with compassion.

People and their families were fully involved where possible in making decisions about their care and their independence was promoted.

People's privacy and dignity was respected and relatives and friends were encouraged to visit regularly.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

People were supported to enjoy a range of personalised activities that interested them. People were encouraged to actively engage with the local community and maintain relationships that were important to them.

People were empowered as much as possible to make meaningful decisions about how they lived their lives and raise any issues that concerned them.

Is the service well-led?

Good

The service was well led.

The manager and directors provided staff with appropriate leadership and support. Staff and managers worked effectively as a team to ensure people's needs were met.

Quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service were mostly effective.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

Alexandra House Nursing and Residential Care Home

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 inspection took place on 07 and 08 September 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. We looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and quality monitoring team.

Some of the people who used the service were not able to tell us in detail about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk directly with us. We spoke with the relatives of five people who lived in the home, three nurses, a senior carer and one of the owners of the home. The registered manager was not available at the time of our inspection.

We reviewed five people's care records and medicines administration record (MAR) charts. We viewed three staff recruitment files as well as training and induction records. We also reviewed a range of management documentation monitoring the quality of the service and carried out general observations throughout the inspection.

Good

Is the service safe?

Our findings

People's relatives told us that they felt their family member was safe living in the home. One relative told us, "[Name] is very safe." Another person's relative told us, "I feel that [name] is safe."

Staff had received training in safeguarding procedures and were able to tell us how they might identify the different types of abuse people might be exposed to and how to report any concerns that they might have. Staff told us that they were aware of the whistleblowing policy as well as their duty to report anything untoward to senior staff.

We saw that the service had a comprehensive business continuity plan that included plans to deal with emergencies that might affect the running of the business. There was a list of the utility companies used by the service and measures to be taken to ensure minimal disruption for people living in the home. Maintenance of the building was managed by one of the owners who was in the process of replacing the smoke and heat detectors in the building to improve the safety of the building. Any problems noted by staff while they worked were added to the maintenance book and work was carried out as soon as possible.

We saw that risks to people's welfare had been identified and assessed in order to minimise their impact on people. For instance, the risk of skin breakdown for each person was formally reviewed monthly in order to identify any changes and plans were put in place mitigate any risks. The service also regularly monitored people's risk in terms of them having falls, weight management and the use of bed rails. Incidents and accidents were also analysed to identify any risks to people.

We saw that there were sufficient numbers of staff deployed to meet people's needs. We looked at previous staff rotas and saw that staffing levels were consistently at this level. The owner told us that staffing levels were based on their knowledge of the needs of people living in the home. At the time of our inspection there was a nurse, a senior carer, four carers and three domestic staff on duty. People's relatives we spoke with told us, "There's always staff around." Another relative we spoke with told us, "Enough staff? I would say so." A third relative we spoke with told us, "There's always someone here to look after [person]." The service employed people whose main task was to make people's beds. The owner told us that this was to enable the carers to do the job of caring for people without being busy doing other tasks. Night staff were deployed on each of the three floors in the home. The owner told us that this was done to ensure that people who might become disorientated were at less risk of harm should they leave their rooms during the night.

Staff were recruited using robust procedures that helped ensure they were suitable to work with vulnerable people. We saw that the service had sought references from previous employers. Disclosure and Barring Service (DBS) checks had been carried out to show the applicant's suitability for this type of work. The DBS provides information about whether people have been barred from working with vulnerable people and criminal records and are used to assist employers in making safer recruitment decisions.

People's relatives told us that they felt medicines management was good in Alexandra House. One person's relative told us, "They're very good with medication, always on time." Medicines administration records

(MAR) showed that people received their medicines when they should. However, the stocks of medicines prescribed on an 'as required' basis were not always transferred on the MAR. For instance, there was no record of the stocks of paracetamol tablets held for people. We pointed this out to the senior nurse who agreed to carry out a full audit of the medicines after our inspection. Medicines were stored safely in locked cabinets in a locked room. The medicines that were delivered in pre-prepared blister packs had been administered safely and signed for consistently on the MAR charts. Body maps were present in people's care plans to guide nursing staff on where to apply topical medicines to ensure that they were applied correctly.

The nursing staff used a recognised pain scale and consulted the visiting GP to assess people's need for pain relief. (A pain scale is a method designed to assist in the assessment of pain in patients who are unable to clearly articulate their needs.) There were pain scale charts available in the treatment room to support nursing staff to identify when people might need analgesic medicines but were not able to request them themselves.

Good

Is the service effective?

Our findings

People living in the home had their needs met by staff who had the necessary skills and had received training that was relevant to their roles. People's relatives told us that they felt staff had received sufficient training to meet the needs of people living in the home. One person's relative we spoke with told us, "Staff seem to have had all the training they need." New staff underwent a comprehensive induction programme before they began to work with people. Staff received regular training and we saw evidence they had all attended courses in areas such as food hygiene, safe moving and handling, infection control, Mental Capacity Act 2005 (MCA) and dementia. All care staff were completing the care certificate which teaches fundamental standards in care. One member of staff we spoke with told us, "There's lots of training." Staff received regular formal supervision with a senior member of staff as well as informal supervision with the owner of the service.

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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw that the service had sought DoLS authorisations for people in order to keep them safe. Staff operated within the principles of the Act in order to keep people safe while not restricting their liberty unnecessarily. The staff we spoke with told us they had received training on the MCA. They were able to tell us how the MCA affected their role and the support they provided to the people who used the service. Staff understood the importance of people receiving support to make their own decisions and gave us examples of how they achieved this. DoLS authorisations were in place for some people and staff understood the need for these. One person's relative told us that the staff sought permission verbally and in writing regarding testing people in health investigations.

People were provided with sufficient support for their nutrition and hydration needs. Some people needed soft diets and assistance to eat their meals and we saw that this was provided. We saw that information was available in people's care plans to help staff support people with healthy diets. We noted that people were able to get drinks whenever they needed them either independently if they were able or with staff support. Where necessary, referrals to speech and language therapists had been made and care plans devised as a result. For instance, one person was reported to have swallowing difficulties and their care plan provided guidance to staff on how to support this person to minimise their risk of choking. There was also guidance for staff regarding monitoring people's fluid intake and output where necessary. One person's relative told us, "[Name] has enough to eat and drink."

We saw that people's health needs were closely monitored and there were regular visits by the local GP practice. The nursing staff were in regular contact with the GP practice for advice and to work together to meet people's health needs. People's relatives told us, "Staff communicate with each other, they look after [person's] health needs." A member of staff told us that any health concerns for people were handed on to the nursing team who then assessed and monitored the situation. One nurse told us that the service had a, "good relationship" with the local GP practice. We saw that the service made timely and appropriate referrals to health service professionals such as speech and language therapists (SALT) where people had swallowing difficulties. Plans were then put in place to support these people and their situations were regularly monitored and recorded.

Good

Is the service caring?

Our findings

Relatives of people living in the home told us that they felt the service was very caring. One relative told us, "The whole place is fabulous". Another person's relative told us, "This is the most wonderful place, [person] gets everything they need." A member of staff told us, "[People] are here for us to look after them." People's relatives spoke highly of Alexandra House. One relative told us, "We couldn't want for anywhere else." Another relative told us, "I'm very happy that [relative] is here, it's very homely. The staff are very patient and caring." A third relative told us, "Its home from home really."

People's relatives told us that they had been involved in planning the care that their family member needed and were consulted about their needs. They also told us that they were consulted about how their relative would like their room to be decorated and were able to choose the colours of bedding for example, which would be paid for by the owners of Alexandra House.

We observed that people were treated with respect and kindness at all times. We observed a lunch sitting and noted that staff were patiently supporting people with their meals. We saw that the pace of the meals was dictated by the person living in the home. Staff made frequent eye contact with each person they were supporting and spoke with them all through the meal. People were also supported to eat their meals on their own. Staff politely and respectfully checked that people had all they needed to eat their meals in the way that they wanted.

Staff clearly knew the people living in the home very well and were able to describe their individual needs to us. Nursing staff held three handover meetings per day to pass over any changes to people's needs and this information was then passed to the care staff to ensure that everyone was aware of people's needs. Care records also provided staff with detailed information about people's needs and how to meet them

People's relatives told us that the staff promoted people's dignity and privacy. One relative told us, "When [staff] use the hoist, they cover [person] up." We noted that staff referred to the people living in the home using their title and surname rather than their first names. We asked the owner why this was done and they told us that they felt people had been robbed of much of their dignity when they moved to residential care so referring to them formally was a way of restoring some dignity. The owner added that people living at the home preferred this. We observed staff promoting people's dignity and privacy, for instance discussing their personal needs in private and transporting people to bathrooms to support them with their personal care.

People's relatives told us they were able to visit whenever they wanted. One relative we spoke with told us, "They [staff] also look after us, we can come and go as we like." Staff told us that Christmas was a big thing in the home and every person's relatives were able to visit and stay as long as they wanted.

People's records were held securely in the office at the home and staff were trained regarding the confidentiality policy in the home.

People were encouraged to do as much as they could for themselves. Staff told us they promoted

independence. They told us, "Even if it takes twice as long, we think it's important to maintain independence. " They told us that they knew what people's limitations were and said, "We'll get [people] to do what they can then we'll fill in the rest."

Good

Is the service responsive?

Our findings

People's relatives told us that the service also supported people to maintain relationships with their families. One relative told us that the staff were planning to help support their family member to attend a family wedding. Another relative told us that staff had arranged for one person to have dinner in their room with their spouse. They felt that this benefitted both the person and their spouse and enabled them to have some private time together as they did when they were living together.

One person's relative told us that the staff knew people's likes and dislikes but felt there could be more stimulating activities available for people. One person's relative told us, "We were able to tell [staff] what [name] liked, they cater for that. [Name] has cakes every day." The care plans also contained details of people's preferences for their daily routine, what time they liked to get up and go to bed and how they liked their bed to be made. One relative we spoke with told us, "The care is very person centred, very calm and structured but flexible to get [person] ready to go out."

The owner told us that they had tried to provide more activities for people in the past but there had been little enduring interest. Staff told us that they were engaging people in activities on a one to one basis that were more individual and specific to the person.

People's care plans gave details of their personal histories including their interests, personal life histories and employment. Staff told us that this was then used to devise specific activities for people. They told us about one person who had a scrapbook of film stars and that the staff used this to engage the person in individualised activities. They also told us about another person living in the home who had an interest in the local fishing industry. Relevant activities and visits had been organised for this person including a visit to the local Time and Tide museum.

People's health needs were comprehensively met by the nursing team at the home. Staff told us that people's needs were regularly reviewed and constantly monitored to ensure that the service had the most up to date picture of people's needs and how to meet them. This was evidenced in the care plans and we noted that any changes to people's health needs were communicated quickly to the nursing team and the care plans amended promptly. We were also told that the recording system was under review to make it even more responsive to monitoring people's needs. The owner told us that a chiropodist and hairdresser visited weekly.

Relatives told us that they were involved in the reviews of care plans and were able to contribute to these. For example, with information about their family member's preferences for food, drink and how the person liked to dress.

We saw that the complaints leaflet and procedures were available in the reception area at the home. This told us that the service encouraged people to make a complaint if they needed although the relatives of people living in the home told us that they had not had need to complain. They told us that if they had any concerns they would feel comfortable speaking to the owner or any other member of staff.

Good

Is the service well-led?

Our findings

The owner of the service told us that they had not held formal staff meetings but had plans to start these in the near future. They told us that they carried out informal discussions with the staff while they were working. Staff told us that the owner was approachable and that they were able to discuss whatever they needed with them. Staff also told us that they could suggest improvements to the service. If they could evidence the need and benefits of the improvements then the service would trial the new idea and if it worked it was implemented. Handover meetings were held three times per day attended by the nurse on duty and senior care staff to ensure that up to date information about the needs of people living in the home was communicated effectively.

There were clear lines of communication between staff and the management team to ensure that information regarding changes in people's needs was communicated effectively and quickly. Staff told us that there was an open door policy with the management team. They told us, "The management team are very supportive. [Owner] is always here and would help anyone."

The provider told us that they were in the process of putting together a survey to send out to people and their relatives but were waiting for the manager to return to work before they did this. People's relatives told us that they felt able to speak to the owner of the home whenever they needed to. One person's relative we spoke with told us, "We could talk to [owner] about anything." Staff told us that they maintained close links with people's families by introducing themselves when the people's relatives visited and that they dealt with any concerns as they arose. Families were also encouraged to contact the service whenever they needed to.

The service supported people who lived in the home to maintain good links with the local community. This included visits to local attractions and afternoon tea at local hotels. Visitors were always welcomed to the home.

Staff received regular formal supervision with a senior member of staff as well as informal supervision with the owner of the service. Senior staff had roles in monitoring and managing parts of the service including medicines and training.

Staff were clear on the ethos of the service which was that the people living in the home should have all their needs met as far as possible and be as comfortable and happy as possible. Relatives of people living in the home recognised how the owner modelled good practice. One relative we spoke with told us, "[Owner's] caring ethos rubs off on the carers." The owner, manager and senior staff monitored the practice of all staff and modelled good practice to ensure that high standards of care were maintained.

The service maintained a good overview of the service. We saw records that evidenced an overview of staff training needs, medicines, maintenance of the service and regular servicing of the equipment used by the carers. The owner carried out checks on the level of cleanliness in people's rooms and monitored the provision of care.

We noted that incidents and accidents were recorded appropriately and analysed to assess whether future problems could be avoided. Staff told us about one person who was sustaining repeated injuries on their legs. The situation was looked at and the person's room was rearranged and additional dressings applied to the person's legs in a bid to reduce recurrence of any injuries.

Regular monthly audits of medicines and care records were carried out and the service was in the process of reviewing all it's policies. The way the service recorded how it monitored people's needs was also in the process of review with the aim of making records more streamlined, more accessible and easier to maintain.