

Cuerden Developments Ltd

Cuerden Developments Limited - Alexandra Court

Inspection report

Alexandra Court
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29 July 2020
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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Alexandra Court is an intermediate "care home" providing a time limited period of assessment and rehabilitation for people who may have had a hospital admission but are not ready to be discharged home safely or to be supported at home. The home was providing care to 24 people at the time of the inspection. The service can support up to 40 people.

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

We found 'dietary supplement charts' and nutrition, diet and fluid charts were completed accurately. All relevant information was recorded on the charts although, in some instances, words were not legible, specifically when notes had been added.

Staff had a good understanding of the systems in place, for the management of prescribed creams. Some of the records checked, were completed inconsistently. However, the registered manager addressed this following the inspection.

People we spoke with provided mixed feedback around call bell response times, the general cleanliness of the home and communication. However, almost all people and relatives, felt there was a caring culture at the home.

We found auditing systems were not robust. New auditing systems had been implemented and tasks or errors were identified. However, actions were not always recorded.

During the inspection, infection control measures were in place and being followed. Hand hygiene stations were placed around the home. However, there was not an expectation or clear process for essential visitors' on entering the home. The registered manager said this would be introduced for all essential visitors moving forwards.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 June 2019). Due to this inspection being targeted changes in ratings were not considered. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulation 17 (good governance).

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This related to specific concerns we had about the registered person having systems or processes in

place, that were operating ineffectively. The registered person had failed to ensure that accurate, complete and contemporaneous records were being maintained securely, in respect of each service user.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We have identified some improvements. However, we found some records were not completed accurately and auditing systems were not robust enough.

Enforcement

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

We issued a requirement notice around a breach of Regulation 17, which relates to good governance. We will continue to monitor the service throughout enforcement action, following this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our well-led findings below.

Inspected but not rated

Cuerden Developments Limited - Alexandra Court

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17: (Good Governance), of the Health and Social Care Act 2008 Regulations 2014; on a specific concern we had about 'cream charts' and 'dietary supplement charts'.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Alexandra Court is an intermediate 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspector with reference to Covid-19.

What we did before the inspection

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

We checked Healthwatch's website and there had been no involvement. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the clinical lead, a senior care worker, a care worker, a nurse and a domestic worker. We made observations during our time on site, to help us understand people's experiences, who we were unable to talk to.

We reviewed a range of records, relating to the targeted inspection. This included three people's care plans relating to diet and nutrition. We looked at multiple supplement, cream charts and menus. A variety of records relating to the management of the service were reviewed, these included auditing systems, policies and analysis of feedback provided by people who used the service and staff.

After the inspection

We continued to seek clarification from the provide to validate the evidence we found. We reviewed further audits and the medication policy.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check if the provider was now meeting the warning notice set at the previous inspection and to check on concerns, we had around the management of supplements, cream charts and call bell response times. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- The monitoring and management of risk was not always robust. Feedback from people was mixed on call bell response times. One person said, "On one occasion I was in the bathroom and my cord wasn't working, I was waiting for three quarters of an hour." Another person said, "I think my call bell is usually responded to in about three or four minutes, no longer than that really."
- A relative told us, "I was visiting my mum who was in bed and she asked for a cup of tea, I told her to press the call bell, but no-one came. I rang the home, because I was outside on a window visit and explained my Mum wanted some tea and asked where her call bell was. The carer came and picked it up off her chair where she couldn't reach it."
- We discussed this with the registered manager, who acknowledged that systems were not in place to identify occasions where there had been a longer response time. They said this would be discussed with the director, so that complaints could be addressed.
- The registered manager had identified risk around hospital discharges. They explained assessments had been completed from 'people's notes', rather than face to face reviews. They felt this left people in a vulnerable position and had escalated concerns to health and social care professionals.
- Equipment was well maintained and safe. Hoists and slings were serviced and in date.

Using medicines safely

- The management of people's prescribed creams was inconsistent. We checked four records and found errors in two of the records we checked. When we discussed the discrepancies, the registered manager advised this would be addressed.
- All staff involved in the application of creams, accurately described, the systems in place to manage this.
- Improvements had been made in the management of supplement drinks. We found well maintained stock levels which were recorded accurately.
- We checked two people's controlled drug records and these were well managed.
- The medication policy was clear and succinct, providing clear direction for the staff team.

Preventing and controlling infection

- The home was clean and tidy and free from malodour. However, there was not an infection control or

hand hygiene system in place for visitors. This was discussed with the registered manager, who said a system would be implemented immediately.

- We observed staff practicing infection control appropriately. On the one occasion we observed staff not following hand hygiene guidance, this was addressed, by the registered manager.
- Feedback from people and relatives on the general cleanliness of the home was mixed. One person said, "Cleanliness is excellent." One relative told us, "There's a constant smell of urine, I take Mums clothes home to wash and the smell of urine is very strong. Carpet is unclean and worn."
- The infection control policy provided clear directions and expectations for staff to follow.
- Staff were clear about infection control measures in place. One staff member said, "Domestic's complete cleaning tasks and they've been much more active, with high touch areas."
- Hand hygiene stations were spread throughout the home with guidance. We regularly observed staff using these.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and because of specific concerns we had about call bell response times. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had a clear understanding of their role. However, auditing systems were not robust enough and records showed inconsistencies. Audits often identified discrepancies, errors or tasks outstanding, but actions taken were often, not recorded.
- Medication audits, for example, identified several discrepancies and recommendations. Audits were carried out regularly, however, two of the audits, while identifying discrepancies and errors, had limited information on what actions had been taken.
- The registered manager acknowledged that auditing systems, didn't appropriately evidence, actions taken. They said this would be discussed with the members of staff.

Since the last inspection, auditing systems had been introduced, however, these were not robust enough and actions were rarely recorded for tasks, discrepancies or issues that were identified. This meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were not clear on the providers complaint policy. The registered manager acknowledged this and said this would be rectified in the future.
- Peoples feedback was requested by the provider. People were asked to review the service they received and an analysis of this had been completed in 2019. However, due to the pandemic, this had not been completed in 2020. Any concerns and subsequent actions taken, were highlighted.
- Staff praised the management team for creating a person-centred culture. Specifically, the registered manager, for the support provided to both the people and staff team. Several staff members referred to a commitment to understand each of the people who used the service. One member of staff told us, "I don't know how [registered manager] does it, but she knows the patients better than us, she will spend so much time with residents and responds to any complaints."
- Pre-admission assessments included people's preferences, likes and dislikes, communication needs,

dietary requirements and cultural backgrounds.

- Staff had been asked to complete feedback questionnaires, an analysis had been completed and actions or improvements identified. The registered manager explained these would be completed annually.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)