

HC-One Limited

Alexander Court (Sheffield)

Inspection report

2 Lydgate Court,
Sheffield, S10 5FJ
Tel: 0114 2682937
Website: www.hc-one.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on 17 December 2015. The inspection was unannounced, which meant the people living at Alexander Court and the staff working there didn't know we were visiting.

Alexander Court (Sheffield) is a care home providing nursing and personal care for up to 60 adults. It is within easy distance of the local amenities and on the bus route making it easy for people to access. At the time of our inspection there were 56 people living at Alexander Court.

At the last inspection on 5 and 6 November 2014 we found the provider to be non-compliant with four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These were

regulations 12; Safe care and treatment, 9; Care and welfare of people who use services, and 17, good governance. We followed up on these breaches during our inspection and found improvements had been made in all areas.

It is a condition of registration with the Care Quality Commission that there is a registered manager in place. 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.

Summary of findings

There was a manager present during our inspection who told us they were in the process of registering with the Care Quality Commission. We have checked our records to confirm that this is the case.

People told us they like living at Alexander Court, one person said, "I love it me, everything is done for me," and another person told us, "It's smashing here."

We saw people's medicines were stored securely and procedures were followed to ensure that people were given their medication safely.

The care records we looked at included risk assessments, which identified any risks associated with people's care and had been developed to help minimise and monitor the risks. For example one the care records we looked at contained good guidance for staff regarding how the person expressed pain or discomfort, so they could respond appropriately.

Staff we spoke with had a clear understanding of safeguarding people and they were confident management would act appropriately to safeguard people from abuse.

During our inspection we observed the number of staff on duty and looked at how quickly people were able to summon assistance. We saw, and we were told by people living at Alexander Court and the staff who worked there, that there were enough staff to keep people safe, but that staff often did not have time to spend engaging with people in a more meaningful way because they were so busy.

Staff told us the training they completed provided them with the skills and knowledge they needed to do their

jobs. We saw that supervisions and appraisals were not always provided in line with the provider's policy. The meant that not all staff were receiving all the support required to carry out their jobs.

Care staff had an understanding of the Mental Capacity Act and the need for people to consent to their care and treatment. The manager understood Deprivation of Liberty Safeguards (DoLS) and was in the process of applying for authorisations.

The service now employs two part time activities co-ordinators and we saw some activities take place. However, the activities available did not suit everybody's needs particularly those people living with dementia.

People living at Alexander Court and those working there, told us they found the manager approachable and responsive.

People felt able to tell staff if there was something they were not happy with. We saw that information on how to complain was clearly displayed.

There were now systems in place to monitor and improve the quality of the service provided. Checks and audits were undertaken to make sure full and safe procedures were adhered to, however we saw that they didn't happen as regularly as they should. Some policies and procedures were out of date. These needed to be reviewed to ensure they reflected current practice.

The provider has made progress since our last inspection to improve the service for people living at Alexander Court.

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.

We saw that medicines were stored safely and securely, and were administered correctly.

Staff knew how to recognise the signs of possible abuse and how to respond appropriately. They were confident management would take any concerns seriously.

There were enough staff to keep people safe.

There were effective staff recruitment and selection procedures in place.

Good



Is the service effective?

The service was not always effective.

People told us they liked the food served at Alexander Court. We saw that people were supported to maintain good health through having enough to eat and drink to maintain a well-balanced diet.

The service acted in accordance with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff had received sufficient training to have the knowledge and skills they needed to carry out their roles and responsibilities. However not all staff received regular supervisions or an annual appraisal.

The premises were not designed to best meet the needs of people living with dementia.

Requires improvement



Is the service caring?

The service was caring.

People told us the service was caring.

We saw that staff respected people's privacy and dignity, and knew people's preferences well.

Good



Is the service responsive?

The service was not always responsive.

The service employed two part time activity coordinators and there was a programme of activities available to people living at Alexander Court. However, the programme of activities was quite limited and did not meet the needs of everyone living at Alexander Court.

People received care that was personalised and responsive to their needs.

Good



Summary of findings

There was a clear complaints policy, and people living at Alexander Court and their relatives were confident any concerns they raised would be taken seriously.

Is the service well-led?

The service was not always well-led.

People, their friends and relatives, and staff told us the manager was approachable and responsive.

Quality assurance audits were in place but not all were undertaken regularly.

There were policies and procedures in place, but not all of these were up to date.

Regular meetings with relatives and staff had been arranged but these hadn't started yet.

Good



Alexander Court (Sheffield)

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.

We carried out the inspection on 17 December 2015 and it was unannounced. The inspection team was made up of two Adult Social Care Inspectors, an Expert by Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of caring for older people living with dementia. A Specialist Advisor is a professional with experience of working with someone who uses this type of care service. The Specialist Advisor was a registered nurse.

Prior to the inspection we reviewed the information we held about the service and the registered provider. This included notification of any incidents which may impact on service delivery and any injuries or alleged abuse sustained by people living at Alexander Court. A notification should be sent to CQC every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection, we reviewed the information we held about the home. This included correspondence we

had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also met with members of Sheffield City Council Contracts and Commissioning Service who had no concerns regarding the service.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spent time observing the daily life in the service including the care and support being delivered by all staff on duty. During the inspection we spoke with 13 people living at Alexander Court, seven visitors, who were either relatives or friends of people living there, and ten members of staff, including the manager and administrator.

We reviewed a wide range of records, including six people's care records. We looked at six staff files. We checked the medication administration records for six people receiving medicines at lunch time. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the service provided at Alexander Court.

Is the service safe?

Our findings

During our last inspection on 5 and 6 November 2014 we found evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,

Safe care and treatment. This was because the provider did not protect all the people living at Alexander Court against the risks associated with the unsafe use and management of medicines. This is now covered by Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 17 December 2015 we found that the service was now compliant with this regulation.

People we spoke with all thought they or their friends and relatives received their medicines appropriately and on time. People also told us they received pain relief when they needed it.

We reviewed the medicines storage room with one of the nurses on duty. The room was locked when not in use during our visit; it had an air-conditioning unit functioning to maintain a suitable temperature. The medication trolleys were locked within the room but did not appear to be tethered to a wall. Some prescribed medicines are controlled under the Misuse of Drugs legislation and these are often referred to as controlled drugs. We randomly selected six controlled drugs to audit. All were correctly recorded and in date. The controlled drugs cupboard was locked and wall mounted. Although the room appeared fit for purpose the floor was very dirty. We spoke to the manager about this and the floor was immediately cleaned.

The suction machine in the treatment room had no in date PAT electrical testing sticker or evidence of cleaning schedule. We saw there was a cleaning schedule for other medical equipment, however it did not appear to be always followed. It stated equipment should be cleaned weekly but there was no evidence of this happening so far in December 2015 and appeared to have also been missed for two weeks in November 2015. We found one machine in

the treatment room that appeared dirty and had what seemed to be blood on it. This meant the equipment may not be safe or clean to use if needed in the case of an emergency.

The fridge in this room contained an eye care medicine. This medicine should be disregarded after 28 days of opening, however it was not recorded when the bottle was opened. It is good practice to write the date of opening on the bottle to ensure staff know when the medicine has expired. We checked the fridge temperatures had been recorded appropriately for the month of our inspection. There was water in the bottom of the fridge indicating it was not functioning properly. We spoke to the manager about this, they were aware of this issue and a new fridge had been ordered.

The nurse we spoke with could describe the reasons why people living at Alexander Court were prescribed particular medicines. Some people are prescribed PRN medicines. This means they are taken as and when required, for example to manage pain relief. One of the care records we looked at was for a person requiring PRN medicines. We saw that care workers recorded when this person required their medicines and their reasons for judging whether it is necessary to administer or not. This showed that care workers had a good grasp of this person's health needs and were able to provide appropriate care.

We checked the phlebotomy equipment and dressings cupboards. Phlebotomy is the practice of drawing blood from patients and taking the blood specimens to the laboratory to prepare for testing. A vacutainer blood collection tube is a sterile glass or plastic tube. All the purple vacutainers were out of date and all the grey vacutainers were out of date. We asked one of the nurses on duty about this and we were told that they did not have any more in stock. This could possibly cause a delay to a person's treatment if they required blood to be taken and the appropriate equipment was not available.

We looked at several medication audits undertaken by management for the previous ten months. Some of the issues initially highlighted included poor stock control, gaps in medication authorisation records completed by agency staff, and that not all care staff were fully trained in the administration of medications by the pharmacy used

Is the service safe?

by Alexander Court. By October 2015 these issues had been addressed and the audits for November and December 2015 did not find any errors with the safe storage and administration of medicines at Alexander Court.

We observed the post lunch medicine round being undertaken. The nurse applied gel to their hands between each administration, and we saw that when giving medicines they waited until the person had swallowed the medicine before signing the MAR to confirm the medicine been taken. We saw that some people were prescribed digoxin. Digoxin is used to treat an irregular heart beat. An effect of digoxin is that it slows the heart rate, sometimes excessively so. The nurse knew to check the person's pulse and whether it was then appropriate to give digoxin to the person.

We asked people working at Alexander Court about medication training and they told us that even staff who were not directly involved in dispensing medicines had received training to deal with medicine related incidents, such as tablets being found on the floor. The provider had recently developed a training programme for the role of nurse assistant. This programme was currently being undertaken care workers at Alexander Court. The information booklet from the provider explained that this role was being created due to a national shortage of qualified nurses, which in turn resulted in having to use agency staff. High use of different agency staff can affect continuity of the care provided to people. In addition the booklet stated that this role would "develop staff committed to providing good quality care and offer opportunities to progress [within the service]." We were told the training was provided by a high street pharmaceutical company, followed by e-learning and shadowing qualified nurses at work. Nurse assistants also had to complete a training record to evidence their understanding of basic medical conditions.

The service used a pull- cord nurse call system and we saw some pull- cord light fittings. These may present a ligature risk and should be risk assessed. We spoke to the manager about this and it wasn't something they were aware of needing. Since the inspection we have been provided with Alexander Court's ligature guidance and a copy of their risk assessment template. Aside from this all the care records we looked at contained risk assessments that were individualised and reviewed as appropriate. There was

evidence of family involvement and consent in the form of 'Record of Resident, Family or Advocate Involvement' forms, and external visits from visiting professionals had been recorded in care files.

People we spoke with told us they felt safe living at the home and visitors told us they thought their relatives or friends were safe. People told us if they had a concern they would talk to a member of care staff and felt sure they would take the issue seriously and refer it to the appropriate person.

We asked some of the care workers how they kept people safe and they told us that they followed the home's safeguarding adult procedures. They were aware of what to look for and could describe different signs of abuse, such as bruising or a change in mood, or loss of appetite. Everyone we spoke with told us they were familiar with the process for reporting a suspected safeguarding incident and they had received safeguarding training. Staff were confident their concerns would be taken seriously.

CQC had been notified of nine alleged safeguarding incidents in the previous twelve months. We saw that the safeguarding policy held at Alexander Court was out of date and should have been reviewed in November 2013. We saw that some records were kept regarding alleged safeguarding incidents, however the outcomes were not always clearly recorded. There was no record of any lessons learned from these incidents. This could have helped improve practice and reduce the risk of repeat events. We spoke to the manager about this who was aware of the need to improve standards in this area.

We were told by the manager that there were 11 care staff on duty throughout the day, 7.30am to 7.30pm. On the day of our inspection this included two nurses, one nursing assistant and eight care workers. During the night we were told there were two nurses (or one nurse and one nursing assistant) on duty and four care workers. A regular team of agency staff were being used to cover up to four night shifts per week. In addition there was one cook and a kitchen assistant on duty every day as well as two domestic staff and one laundry worker. The service also employed two part time activity coordinators.

We asked people if they thought there enough staff to safely meet their needs. People we spoke with thought there were enough staff to deal with their or their friend's/ family member's care needs. One person, who spent most

Is the service safe?

of their time in their bedroom, told us they always had to wait more than 10 minutes for someone to answer their call bell. They said, "It's very annoying that I have to wait every time." Another person receiving care in their bedroom told us the care workers came quickly when they used their call bell. They said, "I think they come as quickly as they can. You can't expect them to drop everything instantly to see to you." We saw in one bedroom that the call bell was plugged in one wall and the person was sitting in a chair by the opposite wall. This was a possible trip hazard as the pull-cord was trailing on the floor.

People we spoke with told us that the care staff were very busy and that although they were all very pleasant, they did not have time to chat. One person who spent all their time in their bedroom said "It would be nice to have a proper chat sometime, but I know they're (staff) very busy and there's plenty of other people to see to."

We asked people working at Alexander Court whether they ever felt under pressure carrying out their jobs and if so, whether this could be due to a shortage of staff. We were told that it was generally felt that all staff supported one another and had the necessary skills and training to do the job properly. They felt that they were generally able to answer call bells in good time so as not to distress people by having to wait for an unreasonable length of time. We were told that staff calling in sick close to the start of a shift could cause problems and that agency staff were quite often used on the night shift. We were told this usually worked well, as the same agency staff tended to be used wherever possible.

We asked staff about their experience of the recruitment process at Alexander Court and were told that all felt they had received a good induction and had shadowed different members of the team depending upon their respective roles; this typically lasted for a fortnight. They felt their interviews had been professionally conducted, and references and a disclosure and barring (DBS) certificate had been requested. We then looked at staff files for another six members of staff and found that all contained an application form, proof of identity and at least two references. Contracts of employment were in place as were DBS certificates. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This showed that recruitment procedures in the home helped to keep people safe.

We met with the administrator who showed us how the service looked after people's money. We were told the majority of people living at Alexander Court hold an account with the service. People generally had the account in order to pay for things such as hairdressing, chiropody or items from the tuck shop. We saw the account records were completed and stored electronically with a statement sent to an agreed relative or friend each month. We were shown the account records for several people and they all tallied. We also saw that they were audited each week. The meant all steps were taken to ensure money held by people living at the service was safe and all transactions could be fully accounted for.

Is the service effective?

Our findings

People we spoke with told us they liked the food served at Alexander Court. One person told us “It’s very good food here. It’s all cooked from scratch, just like at home.” Another person said, “The meals are brilliant. I’ve not had a bad one yet.” Other comments from different people included, “The food is very good and there’s plenty of it, and “I do look forward to my meals. I like the food they give you here.” Several people told us they also enjoyed the cooked breakfasts that were served on certain days every week.

We observed lunchtime on both floors and saw that the residents were given a choice of two hot meals, which looked appetising. The pureed meals were attractively presented as separate ingredients. Most people ate all of their meal and people told us after the meal they had enjoyed it.

A choice of drinks were served with lunch and a variety of cups and beakers were used to suit different needs and aid independence. We saw people were offered protection for their clothes sensitively and people who needed support with eating were given unhurried assistance. We saw that two people who needed full support with their meals did not appear to be given any lunch, however care workers told us the two people had received assistance to have their lunch earlier, whilst we were out of the dining room.

We saw 14 people were seated in the downstairs dining area. There were seven members of staff helping to serve meals. The staff asked people which meal option they would prefer and then queued up at the heated trolley for another member of staff to serve each meal. It appeared to be a slow process.

People we spoke with told us they had enough to drink during the day and we saw tea trolleys distributing drinks and biscuits mid-morning and mid-afternoon. There were mixed views from people receiving care in their bedrooms as to whether they received hot drinks with their lunches. One person told us they did not receive a hot drink and always had to ask a care worker after lunch if they could have a cup of tea. We saw that care workers would ask some people during the day if they wanted a hot drink (not at trolley time) and this seemed to be a random approach.

We saw that juice urns were available in all communal areas, but none of the people we saw living at Alexander Court could have used these urns independently. On the

day of our inspection some people did have glasses of juice distributed by care workers. We saw that there were jugs of juice available in people’s bedrooms but these were often placed out of reach. One person told us, “I don’t know why they put that jug of juice there. There’s no hope in hell of me getting to it, so I have to remember to ask the carer if they’ll pour me a drink.” The jug of juice for this person also had a ceramic saucer as a lid. We asked a care worker if a plastic lid could be provided and they were not sure.

We asked staff how meals were planned to ensure variety and how a high nutritional value was achieved. We were told that menus were produced by head office on a four-weekly cycle which varied from day-to-day. Each home had the ability to change these menus depending upon people’s personal preferences. The menu was circulated to people the day before although people could take an alternative meal at short notice if they wished. Staff told us that people were assessed by the nurses to establish the most appropriate nutritional diet and this was kept under review. We were told of people currently being offered a pureed diet; finger food; fork/mash diets and a specific diabetic diet. One person was limited to 1.5 litres of fluid per day. Staff told us they felt the money allocated to feed people was more than adequate and compared very favourably with other similar places they had worked.

All of the staff we spoke with were able to demonstrate a good understanding of people who may be experiencing poor nutrition through observations such as difficulty in swallowing, dehydration, weight loss and a sudden change in appetite. The care staff used fluid and food intake charts to monitor this. However, we saw that fluid balance charts were not totalled or volumes set, and that actions taken following a shortfall were not noted or signed. Staff told us that those people who required assistance to eat their food were closely supported, including where they wished to eat their food, either in a dining area, or the privacy of their own rooms.

We saw that the communal areas were mainly well decorated and carpeted. We saw that the environment was not particularly dementia friendly. There were no coloured doors or memory signs/ boxes to aid orientation in long corridors. There were no sensory or tactile displays, no memorabilia or reminiscence photo montages, no reminiscence areas, no sensory rooms, no rummage boxes and no resources for care staff to use to engage people

Is the service effective?

living with dementia in meaningful activities. We saw that one person liked to walk in the corridors and we saw different care workers accompanying this person during the day and helping them to orientate to their bedroom.

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). There were keys pads on the doors at Alexander Court requiring a code to open or close them. This meant people without capacity to decide where it was in their best interests to live potentially had their movements restricted. The care workers we spoke with were individually uncertain as to which of the people they were caring for were subject to a DoLS, although some, but not all were able to demonstrate a good understanding of the principles of the MCA and DoLS. The manager told us she was aware of her responsibilities under the MCA and was in the process of applying to the local authority for DoLS assessments for two people living at Alexander Court. We saw written evidence of this.

All staff we spoke to told us they had received induction training, and care workers had shadowed a more experienced member of staff before taking full responsibility for their own duties. One carer told us that working one full month of nights at the start of their contract had helped them enormously when transferring to days. We looked at staff files and we saw the induction training included some mandatory training such as moving and handling; safeguarding, and fire safety.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We saw on the supervision record sheets header that "Formal one-to-one supervision must take place a minimum of twice per year." However, we were unable to determine whether this had actually happened for all staff. A record of supervisions showed us that in July 2015, of the 47 staff employed, all had received supervision in the previous two months. Since then we saw that a further six staff had received supervision up to the date of our inspection. However, only 25 staff (53%) had received an annual appraisal in the last 12 months.

The responses from staff we spoke with was also variable as to the frequency of supervision. One care worker told us they had received supervision but had not done so since the new manager had arrived. They told us they thought that a new form was to be introduced from head office, following which the supervision process would begin again. Another member of staff told us they had a supervision session planned soon, along with their annual appraisal. Another staff member told us they did receive supervision from the manager and they in turn, supervised the staff in their team. They were unsure when their next appraisal was due. Another care worker told us they were receiving supervision and an annual appraisal. We were told topics discussed at supervision sessions included, personal development, further training needs, and what support their manager could offer them to enable them to undertake their job.

We spoke to the manager about the variable frequency of supervision and she agreed that this wasn't good enough. She told us that all staff would be getting regular supervision in line with the provider's supervision policy.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Is the service caring?

Our findings

All of the people we spoke with were complimentary about the staff and their attitude. Comments included: “The carers are lovely people. Nothing is too much trouble,” “They work like stink and still have a smile on their face,” “I’ve seen some residents being really difficult, but they’re so patient,” “They’re always busy, but always friendly,” “I couldn’t do without them, they’re just brilliant people,” and “The care here is perfect. I can’t fault it!”

We saw that people were relaxed in the company of the care staff and that there was a friendly, respectful atmosphere. People appeared to enjoy the company of the staff working at Alexander Court. We saw care interactions that were patient and kind. We saw care staff assisting people with their mobility in an unhurried way. We heard care staff asking questions and waiting patiently for answers, for instance when asking people for their choice of meal at lunch time. We heard care workers explain what they were doing before helping to move people in their wheelchairs or reclining chairs. We saw that care staff knew people’s preferences for beverages. During lunchtime we saw a person who seemed very sleepy and said they had a headache. We saw a care worker kneel down beside them and talk to them gently, the person was then assisted back to bed.

We saw many of the people living at Alexander Court sitting in reclining chairs, each specifically tailored to meet the person’s care and comfort needs. People using these recliners told us they were comfortable and the chairs meant they did not have to be hoisted several times a day. We saw people in bedrooms sitting on pressure cushions. We saw several pressure mattresses in use and people could tell us why they were being used. This meant that people were cared for using appropriate equipment to meet their individual needs.

We saw that privacy and dignity was generally upheld with closed bedroom doors during care interactions, and staff knocking on bedroom doors before entering. Staff would also ensure bathroom or toilet doors were closed whilst in use and blankets being used to cover the bottom half of a person’s body if clothing became disturbed. We were also

told that staff knew who preferred a male or female carer to assist them with their personal hygiene. However, we did see one person living at Alexander Court who was walking around the corridors and communal areas wearing pyjama bottoms and an inside-out T shirt, accompanied by staff. Staff hadn’t appeared to notice the person’s T shirt was inside out or encouraged the person to change out of their nightwear.

After lunch we saw that one member of staff was vacuuming in the corridor and they continued into a person’s bedroom, without knocking or asking permission. The person was asleep and the noise of the vacuum cleaner woke them suddenly.

We saw that most people living at Alexander Court were well dressed and well groomed. However, one person who spent all their time in their room had an unkempt hair style. This person told us they liked to have a regular hair cut but they kept forgetting to ask to be booked in for the hairdresser.

We spoke with visiting health professional during our inspection. They told us they thought Alexander Court was “very good and better than the others,” “[Name of one of the nurses] is very good”

We asked the care staff to give us examples of people’s likes and dislikes and were told there were people who liked to stay in their rooms to eat, or those who particularly enjoyed a sing along when these were organised. They told us they used the personal history section of the care record to remind them of people’s individual preferences, although getting to know them over a period of time was also very helpful.

One member of staff told us they had been involved in caring for a person at the end of their life, however they did not recall being given any specific training for this. Another staff member told us they had not been involved in caring for this particular person, but had received training in providing end of life care and would feel confident if called upon. They told us that the care plans gave clear indications of people’s wishes in such circumstances and that the family would also be involved.

Is the service responsive?

Our findings

During our last inspection on 5 and 6 November 2014 we found evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,

Care and welfare of people who use services. This was because the provider had not made sufficient arrangements to meet the social and daytime activity needs of the people who lived at the service. This is now covered by Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. The provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 17 December 2015 we found that people who used the service had improved access to some social and daytime activities.

The service now employed two part time activity coordinators. One person worked 24 hours over four days per week and the other worked ten hours per week. Staff told us the activities co-ordinators planned a four week programme of activities and events. We saw that these were advertised on notice boards around the service. A typical week could include access to a mobile shop made from a converted tea trolley, visiting singers and entertainers, one-to-one sessions and armchair exercises. We saw that space in the communal areas was limited and staff told us it was a constant struggle trying to accommodate large groups in the building. On the day of our visit a Christmas quiz was being held, but due to lack of space the quiz had to be held twice, once on the ground floor and then once again upstairs.

Another consequence of the limited space in the lounge areas was that some people spent all their time in their bedroom. Some people we spoke with told us they liked their own company and preferred to stay in their bedrooms. Three people told us they had tried sitting in the lounge or joining an activity but had a poor experience and did not want to do that again. One person said, "I went to the lounge once and most people were asleep. There was no-one able to talk to me and the telly was just blaring out rubbish, so I just thought 'that's it, I'm never doing that again.' And I haven't."

Comments from people who spent all, or most of their time in their bedrooms included: "I used to be a joiner and I'd like to make something out of wood, but I can't think that's possible here." "I'd like to watch sport on the telly with someone else who likes sport. I like watching football on the telly in my room, but it would be good if someone else liked it too." "I've got my library books, but sometimes it's people you want." "I like to watch TV in my room, but I can't use the remote control very well. I ask the carers but they don't know how to do it either. So I just switch it off sometimes."

We saw nine people did attend the knit and natter activity in the downstairs lounge during the morning of our inspection. We also noted that the only chairs available for visitors in the communal areas or bedrooms were dining chairs which were heavy. We saw that visitors to people living at Alexander Court sat on the persons' beds. People told us that if they had visitors they would usually go to their bedrooms because of limited space in the lounges.

On the morning of our inspection we saw that in the downstairs lounge the TV was playing Christmas music that several people were enjoying. We saw that in the upstairs lounge the TV was playing the same channel all morning and no-one was watching. When we asked people if they wanted the TV on, they told us they did not. However, one relative told us they were happy because when their family member had a rest in their bedroom after lunch the care workers had agreed to put radio three on their radio so they could listen to classical music.

One person we spoke with told us they had been on a trip to Meadowhall shopping centre recently, but none of the other people we spoke with could recall going out. One resident who spent all of their time in their room said "I don't get visitors very often and I'd really like to go down the pub for lunch one day, just like we did at home."

Some people we spoke with told us they enjoyed some regular activities, such as musical entertainment, dog patting and throw ball quizzes. Several people told us they had enjoyed a Christmas concert performed by local school children the day before.

We did not see care workers engaging in meaningful social activity with people, particularly those living with dementia. Staff told us they were not making any special arrangements for people living with dementia in terms of the programme of activities.

Is the service responsive?

People we spoke with could not recall having a care plan or care plan review, but told us they did not want to know about this. One person said “I’m just happy if I’m looked after.” Relatives we spoke with felt involved in their family member’s care plan. One relative did not know about a care plan but said they did not want to know more because they felt their family member was being well cared for.

People we spoke with told us they thought their individual care needs were met and that the care staff understood their care needs. One person said “I need oxygen and the nurses and carers are all very good with me.” Another person said “I’ve not been living here long but the carers seem to know all about what’s wrong with me and they help me do everything I need.” Another person said “I need my arms covering at all times and the doctor says I need lots of drinks and the carers do all that for me.” One resident was pleased because “My hearing aid battery ran out and the carers got a new battery for me the same day.” One relative told us they thought their relative was receiving good care from the care staff and the GP because their family member was not suffering so many urine infections recently.

The care workers we spoke to told us that people’s care needs assessments were regularly kept under review and were part of the monthly review of care plans. The nurses took responsibility for compiling the care records supported by the nurse assistants. We were told that people and their relatives were involved in planning their own care and support wherever this was possible. All the care records we looked at reflected this.

No-one we spoke with had made a complaint over the past year and no-one told us they had wanted to make a complaint. The people we spoke with were not aware of a complaints process, but they told us if they had a complaint they would tell a member of the care staff because they trusted them to take the issue seriously and refer it to the right person. In the reception area we saw that the complaints procedure was clearly displayed alongside information on who to contact if person wasn’t satisfied with the initial response to their concern.

Three people told us they were not happy with clothes going missing from the laundry and they had told care workers about it. They told us they thought the care workers were trying to find the missing clothes.

We asked care staff what they would do if someone had a complaint and were told they would try to deal with this quickly if they were able, but would recognise when a complaint had to be passed to a manager. They were aware of the provider’s policy on complaints.

The manager told us they operated on ‘open door’ policy for people living at Alexander Court, their friends and relatives, and staff. They told us they were going to set up a ‘manager’s surgery’ and start to keep a record of all informal discussions and any concerns raised. The record would also include any actions taken as a result of these discussions. There were no records kept of informal complaints at the time of this inspection.

Is the service well-led?

Our findings

The registered manager had recently moved to another service operated by the provider, HC-One Ltd. The current manager had only taken up their post two months before this inspection. The manager is currently in the process of applying for registration with CQC.

During our last inspection on 5 and 6 November 2014 we found evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,

Good governance. This was because the provider had not made sufficient arrangements to ensure personal records were kept securely, and the audit systems used by the provider were not effective. This is now covered by Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. The provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 17 December 2015 we found that confidential records were now kept securely and more effective audits had been introduced.

We saw that confidential information was now securely stored. The nurses station, where people's personal care information was held required a keypad code to access the room. There were reminder notices on some doors reminding staff to lock them when leaving the room. Staff files were locked away in one of the offices.

We were shown a quality assurance file by the manager. This included records of daily walks around the home undertaken by management to identify any problem areas and what action was required to resolve these issues. The areas covered included observation of care provided by staff, infection control, ensuring the premises were clean and tidy, checking furniture and equipment was in full working order. The records showed the daily walk around the home had not happened every day in the previous month and only occasionally in December 2015. The service had a full set of policies and procedures, however they weren't all up to date and needed to be reviewed to ensure they reflected current practice.

Most people we spoke with did not know who the manager was, but two relatives told us they had met the new manager and found they were approachable. One relative told us, "[Name of manager] really does listen, not just lip service."

We saw minutes of resident's meetings. The most recent set of minutes was for 30 October 2015. The minutes showed that these meetings had taken place fairly regularly, with generally the same group of people attending the meetings. The main discussions were around activities and planning for future events. We were shown copies of a blank survey to be completed by people living at Alexander Court to ascertain their views on what it was like to live there. The manager told us this was to be introduced after Christmas 2015 and would be undertaken twice a year.

We saw the dates of upcoming meetings for relatives displayed on the visitors' noticeboard in the main reception area. They were scheduled to take place every other month and were arranged for different times of the day to ensure relatives could at least attend some of these meetings. The relatives we spoke with knew about the meetings but none of them had attended one recently. The manager told us their first relative's meeting would take place in January 2016.

The manager told us they had also set up bi monthly meetings for all staff starting in January 2016 and we saw evidence of this. We also saw minutes of previous staff meetings, the most recent held on 11 June 2015. The minutes of the meetings appeared thorough which would have been particularly useful for staff who were unable to attend. However, no action points were recorded. The manager told us the provider undertook an annual staff survey and the next one was due in January 2016. Staff are asked to complete this electronically. We saw the results of the 2015 'Our Voice' survey was displayed in the reception area.

People we spoke with told us they would recommend the home to other people, mainly because of the friendly, caring staff and the good food. All the staff we spoke with told us the manager was very supportive and always listened to what they had to say. They were able to give their opinions either at the daily 'flash' meetings for heads of department or at staff meetings. Staff told us they would recommend the home to a loved one. One member of staff said, "Just look at the residents, they are happy."

Is the service well-led?

The manager was aware of her obligations for submitting notifications in line with the Health and Social Care Act 2008. They confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed that a number of notifications had been received.

Our inspection identified that the manager is keen to improve the service and we saw that plans were being put in place for this to happen.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Supervision frequency was variable and therefore not all staff were receiving enough support to enable them to carry out their jobs effectively.