

Cotswold Care Services Ltd

Alexandra House - Gloucester

Inspection report

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31 May 2017

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We inspected Alexandra House - Gloucester on the 25 and 31 May 2017. Alexandra House – Gloucester provides accommodation and personal care to people living with learning disabilities and physical disabilities. The home offers a service for up to 10 people. At the time of our visit seven people were using the service. This was an unannounced inspection.

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.

We last inspected the home in May 2016 and found the provider was not always meeting the regulations. We found the service did not have effective systems to monitor the quality of the service. Where concerns had been identified, appropriate action was not always taken. The service did not maintain an accurate, complete and contemporaneous record in respect of each person using the service. Following our inspection in May 2016, the registered manager issued us with a plan of the actions they would take to meet these breaches in regulation. At this inspection we found appropriate action had been taken, however there was still scope for improvement in the monitoring of some people's care needs.

People's care plans were current and reflected their needs. However, where people's healthcare needs were being monitored there was not always clear guidance for staff to follow on how much support people needed and when to raise concerns.

The registered manager had effective systems to monitor the quality of service people received. However there were limited systems carried out by the provider to ensure people were receiving quality care. Care staff felt supported by the registered manager however they did not feel supported by the provider.

Healthcare professionals spoke positively about the registered manager and care staff and how they met people's needs. People were supported with their nutritional needs. Staff sought and acted upon the advice given to them by healthcare professionals. Staff had access to the training and support they needed to meet people's day

People enjoyed busy and active lives at Alexandra House. People were supported to access the community, and their independence and personal relationships were promoted. People were comfortable with care staff at Alexandra House - Gloucester.

Staff were supported by a committed registered manager. There were enough staff with appropriate skills deployed to meet the needs of people living at the service and support them with activities. Staff spoke positively about the home and the registered manager.

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. The environment was maintained and staff were aware of how to protect people from the risks associated with their care.

Staff understood their responsibilities to report any concerns and protect people from abuse or neglect.

There were enough staff deployed to meet the personal care needs of people. People were supported by care staff who were deemed to be suitable to carry out their roles and of good character.

Is the service effective?

Good ●

The service was effective. Care staff had access to the training and support they needed to meet people's needs. The registered manager had a clear plan of training for staff working at the home.

People were supported to make decisions around their care. People's care documents reflected their capacity to make choices about their day and where staff needed to make decisions in their best interests.

People received the nutritional support they needed. People were supported with healthcare appointments.

Is the service caring?

Good ●

The service was caring. Care staff knew people well, what was important to them.

People's dignity was promoted and care staff assisted them people to ensure they were kept clean and comfortable.

Care staff engaged with people positively.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. People's care plans were current and accurate. However where people's needs were being

monitored there was not always clear guidance for staff to follow.

People had access to activities and events which they enjoyed.

People relatives told us they felt involved in their relatives care and their concerns and complaints were listened to and acted upon.

Is the service well-led?

The service was not always well led. The registered manager had ensured there were systems in place, which could be regularly accessed in order to, monitor and continually improve the quality of service people received. However there were limited systems carried out by the provider to ensure the service was effective.

Staff spoke positively about the registered manager, however felt unsupported and disconnected from the provider.

People and their relatives' views regarding the service were sought and acted upon. Relatives, healthcare professionals spoke positively about the service.

Requires Improvement 

Alexandra House - Gloucester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 25 and 31 May 2017 and it was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service, this included notifications about important events which the service is required to send us by law. We also spoke with one healthcare professional and two local authority commissioners.

We reviewed a Provider Information Return (PIR) which had been completed by the registered manager. 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. We took this into account when we inspected the service.

We also spoke with two people's relatives. Most people living at Alexandra House were not able to talk to us in detail; therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four care staff, a maintenance worker and the registered manager. We reviewed four people's care files and records relating to the general management of the service.

Is the service safe?

Our findings

People felt the home was safe. Two people when asked responded positively that they felt safe living at Alexandra House. One person nodded positively when asked. People enjoyed positive relationships with staff. For example, one person was happy being assisted by a member of staff. They acknowledged the member of staff, smiled and held their hand. One person's relative told us, "It does give me peace of mind, (relative) wants those staff."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "In the first instance we go to the manager or whoever is in charge of the shift." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "You can go to social services or the adult helpdesk."

The registered manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC and acted on.

People could be assured the home was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated.

People had been assessed where staff had identified risks in relation to their health and well-being. These included mobility, behaviours which may challenge, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person's provided clear guidance on the support they needed to meet their mobility needs. This included the equipment needed to ensure they and staff were protected from any risks when carrying out moving and handling procedures.

Staff were aware of how to assist people living with epilepsy and knew the support they required to stay safe. For example, two people had detailed risk assessments around their seizure recovery. These assessments provided care staff with clear guidance on how to assist them in the event of a seizure. This included how to assist each person to ensure they were not at risk of injury, and when to administer their recovery medicines.

People's medicines were stored in accordance with manufacturer's guidelines. Care staff recorded the temperature of the room medicines were stored in. These recordings showed the temperatures were within the recommended range of the manufacturer. People's prescribed medicines were stored securely. This meant the risk of people's prescribed medicines being inappropriately used was reduced. Care staff kept a clear record of the support they provided people regarding their prescribed medicines and also ensured

there was a clear record of the stock of people's prescribed medicines. Where staff had made a recording error, they had clearly recorded the mistake they had made to ensure all staff were aware. People's prescribed medicines were checked when they were delivered to the home by the pharmacy. This reduced the risk of people from mismanagement of their prescribed medicines.

Where people had medicines prescribed 'as required' such as pain relief medicines, there were clear protocols in place for how staff should assist people with 'as required' pain relief medicines and a clear record of the support they had received.

People's needs were met by sufficient numbers of staff. Staff told us there was enough staff deployed to meet people's needs. Comments included: "Staffing is okay, we always have enough staff to meet people's needs"; "We have enough staff, we manage to get everything done" and "We meet people's care needs however we sometimes don't get people out as much as I think we should."

There was a calm and homely atmosphere in the home on the day of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff spent time with people and ensured people went out of the home into the community or on day trips. One relative spoke positively about staffing within Alexandra House. They told us, "I always see the same two members of staff, I have no complaints."

People were supported by care staff who were deemed to be suitable to carry out their roles and of good character. New applicants were required to apply for employment via the provider's new on-line recruitment system. The registered manager reviewed all applications and associated recruitment documents on-line. Background and criminal checks were completed via the Disclose and Barring Service before new staff worked with people.

People were protected from financial abuse as their money was kept securely and a record of their finances was maintained by care staff. Some people required support with the handling of their money which included the safe keeping and the management of their daily expenses, including keeping an accurate record of their expenses and income. Care staff ensured people's financial records were checked to ensure their expenses were recorded correctly and that no financial abuse had occurred.

Is the service effective?

Our findings

People were supported by staff who had received effective training to meet their needs. People's relatives felt staff were well trained. One person's relative told us, "Staff are well trained as far as I'm concerned."

Care staff told us they felt they had the training they needed or could access this training on request. Comments included: "I have all the training and support I need"; "I have everything I need. If we had a new resident, (registered manager) would put us on the training we needed to meet their needs" and "I think we have all the training we need. We know how to manage people's specific health care needs".

Staff told us they could request additional training including qualifications. One member of staff informed us how they had requested to undertake a level three diploma in health and social care. They told us this was provided by the service. They said, "I'm being supported to complete my level three, this is something I wanted." Other staff told us they were able to request training from the registered manager which enabled them to develop professionally.

Care staff had access to supervisions (one to one meeting) and appraisals with the registered manager. Staff told us they had received appraisals and supervisions which enabled them to discuss any training needs or concerns they had. Staff also told us they could always meet with the registered manager to discuss concerns when necessary.

Staff had undertaken training on the Mental Capacity Act (MCA) 2005. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed a good understanding of this legislation and were able to tell us specific points about it. One member of staff told us, "One person needs to be supported to make decisions, however they can choose from options of what they'd like to wear. We support them to make as many choices as they can, such as where they'd like to go on holiday." Another staff member said, "We follow people's guidelines. We support people to have choice. We do try and give as much choice; however we know when we have to decide in their best interest."

One member of staff explained how they supported one person to make choices. They told us how they helped them shop. They said, "We provide them with suitable choices, they can tell you what they like and want." On the second day of our visit, the staff member had supported this person to visit the local town and get a new book; they told us how they supported the person to get a book that they wanted.

The registered manager ensured people's capacity to consent to their care had been recorded. Where staff were concerned a person did not have the capacity to make a specific decision, they completed a mental capacity assessment. These assessments clearly documented if the person had capacity to make the decision. The registered manager had made a Deprivation of Liberty Safeguard (DoLS) application for all seven people living at Alexandra House. The registered manager was still waiting for some of these

applications to be authorised. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's special dietary needs were catered for. Care staff were aware of people's needs and provided them with a diet which met their needs. For example, people who were at risk of choking or malnutrition, received a diet which protected them from these risks such as a diet of soft or pureed meals and thickened fluids. We observed staff provide someone with a meal which was protected them from the risk of choking in accordance with their care plan. This included ensuring the person was sat at the correct posture when eating.

Another person was at risk of aspiration as they did not always take the time to chew their food. Care staff were aware of this person's needs and ensured they were supervised discreetly. The service had sought advice from Speech and Language Therapists regarding this person's needs. This included providing them with guidance and placing them away from distractions.

People enjoyed the food they received. We observed three people enjoying their meals on the first day of our inspection. When we asked if one person liked their meal, they responded positively. We observed care staff ensuring people had access to all the food and drink they required. The chef and care staff were aware of people's preferences and dietary needs on arrival. Care staff kept a record of people's weights to ensure people were not at the risk of malnutrition.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, records of appointments with healthcare professionals were clearly documented on people's records.

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Comments included "I'm happy" and "I think they do a good job. It's all good as far as I'm concerned." A healthcare professional told us, "I saw my client's quality of life improve almost as soon as they completed their move from another residential service into Alexandra House. In terms of positives, I think they have a competent manager and the staff, on the several occasions that I have visited, seem to be genuinely caring in their approach." Staff spoke positively about the relationships they had built with people living in the home. One member of staff said, "We have brilliant relationships with people and their families."

Care staff interacted with people in a kind and compassionate manner. Staff adapted their approach and related with people according to their communication needs. They spoke to people as an equal. They gave them information about their care in a manner which reflected their understanding. For example, one person was assisted with their meal by a member of staff. The staff member promoted the person's independence, assisting them with their cutlery, the person then started to eat their meal independently, while the care staff encouraged them. The person smiled when asked if they enjoyed their meal.

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs with the staff and found that all staff spoke confidently about them. For example, one staff member was able to tell us about one person and how they enjoyed an annual holiday to Lanzarote. They informed us how they supported the person with this year's holiday, including getting holiday essentials ready for the holiday. The person was excited about their upcoming holiday. The person's relative spoke positively about the support their loved one received to go on holiday and to live life to the fullest.

People were cared for by care staff who were often attentive to their needs. For example, care staff knew when people's needs had changed and ensured the physical and emotional support they needed was provided. For example, one staff member told us how they reassured a person whose needs had changed. They said, "One person's health needs have changed. We have received a lot of support from different teams. We're trying activities such as aromatherapy."

People were treated with dignity and respect. We observed care staff assisting people throughout the day. For example, two care staff assisted one person with their repositioning. They talked to the person throughout ensuring they were comfortable. We also observed care staff assist one person who had a cut on their leg. They acted quickly and assisted the person to ensure their dignity was maintained.

Care staff told us how they ensured people's dignity was respected. They made sure people's bedroom doors were closed and their curtains were drawn when providing personal care. One member of staff told us, "We must ensure people are treated with dignity. I raised concerns when I saw (concern). I raised it with the registered manager and action was taken". One member of staff told us how they supported one person with their dignity on holiday. They said, "If (person) needs assistance then we do this quickly. We always make sure that care is provided in private."

Care staff told us how since the last inspection they had assisted someone with end of life care. They told us how a member of staff stayed with the person 24 hours a day as they had no family. They told us that they did not want the person to "pass without some being with them." Staff told us they attended the funeral and provided a wreath.

Is the service responsive?

Our findings

At our last inspection in May 2016 we found that people's care plans and risk assessments did not always reflect the needs of people. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet the regulations. At this inspection we found appropriate action had been taken, however when people's on-going health needs were being monitored there was not always clear guidance for care staff to follow.

People's care needs were documented in their care plans. People's care plans were reviewed and had been updated. They provided a clear record of the support people needed with all aspects of their individual needs. This included support around moving and handling, medicines, epilepsy and nutrition.

Where people's needs changed the service took appropriate action and sought the advice of healthcare professionals. People's care assessments were detailed and where support and guidance had been received from healthcare professionals this was clearly recorded. For example, one person's care needs had changed since the last inspection; there were clear plans in place for care staff to meet these people's needs. Where guidance had been provided, care staff demonstrated they understood these changes and worked to them.

Where staff were monitoring people's fluid intake, staff did not always keep a clear record of the support they provided people. One person was having their daily fluid and food intake recorded. It was difficult to identify how much fluid the person had taken as a consistent record was not always maintained and records were not kept together. Additionally, care staff were not provided guidance on how much fluid each individual person required on a daily basis. There was no record of the fluids they required or the total fluids they had taken throughout the day. We discussed this concern with the registered manager who was going to take immediate action and review if the level of monitoring needed to be maintained.

People were supported to enjoy activities and access the community with staff. On the first day of the inspection, four people were being supported on day trips to Bristol and Birmingham. On the second day, two people had been supported to go to the park, and two other people enjoyed the day shopping. Care staff tried to ensure that people went out on a daily basis, such as to the park, shopping or all day trips by using the home's minibus.

People had access to activities, events and interests which they enjoyed. We observed people enjoying jigsaw puzzles, using sensory toys and relaxing to aromatherapy in the home's sensory room. Care staff supported people to enjoy activities within the home, however all staff felt that people primarily enjoyed being outside in the community.

People enjoyed meaningful engagement from staff at Alexandra House. We observed care staff taking time to engage people in ad hoc activities. For example, care staff engaged people in the home's lounge, they took time to interact with people and support them with activities. We observed two care staff, the cook and the registered manager having a friendly conversation with one person. The person clearly enjoyed talking

with staff. People were clearly comfortable with the care staff.

People and their relatives knew how to make a complaint to the provider. People confirmed they knew who to speak to if they were not happy. One person told us, "I have no complaints". The registered manager kept a log of compliments, concerns and complaints. Where complaints had been received the registered manager used these to drive improvements within the service.

Is the service well-led?

Our findings

At our last inspection in May 2016 we found that the provider had not ensured that systems were in place to sufficiently assess, monitor and continually improve the quality and safety of the services provided, including the quality of the experience of service users in receiving those services. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet the regulations. At this inspection we found the registered manager had taken appropriate action had been taken to address these concerns, however there was still scope for continued improvement.

The home had a registered manager. One person's relative spoke highly of the registered manager and the support they provided. They told us, "I have nothing but praise for the manager." A healthcare professional felt the registered manager led the service well. They said, "The manager has always maintained contact and a channel of communication with me, alerting me to any incidents and asking questions/seeking advice where needed."

Care staff did not always feel supported by the provider and felt that the service was isolated from the rest of the providers operations. Comments included: "We need more communication from the area manager. We've been taken over. There was no information. It feels like we're in the background. We don't feel valued, we don't get a 'thank you'"; "Twice we arranged to see the area manager to come and chart with us. It didn't happen" and "You're made to feel like you're replaceable by the provider. Don't feel valuable." Care staff were concerned that a representative from the provider did not know people or understand their needs. For example, they did not feel they had the support and understanding of the provider when one person passed away. We discussed these views with the registered manager. The registered manager informed us there had been changes within the management structure of the provider which had meant there had not been scheduled quality assurance checks carried out on the service by the provider. This meant the provider could not always be assured of the quality of the service. The registered manager told us, "The home itself is fine. Lots of changes with the company. Staff felt like we've been left."

However, the registered manager had audit systems to enable them to monitor the quality of care people received. This included audits in relation to infection control, the environment and people's prescribed medicines. Where concerns or shortfalls had been identified, actions were added to the registered manager's improvement plan for the service and addressed. For example, concerns had been identified about record keeping during night shifts. Actions had been implemented through team leader meetings which were now being followed. The registered manager had implemented a records checklist to ensure where care staff recorded people's dietary and repositioning needs, these were carried out and recorded effectively. These checks had commenced prior to the inspection and ensured people's monitoring records were stored in one place.

Care staff spoke positively about the support the registered manager provided them. Comments included: "He has been brilliant. He's a brilliant boss"; "They're very good and supportive" and "He's good and hands

on. I can always contact them if needed."

The registered manager worked alongside the registered manager of another of the provider's services to provide peer support and local level quality audits. This included an audit of the registered manager's action plans for Alexandra House. This audit identified if progress had been made on the actions from the service's last CQC inspection and local authority commissioning monitoring visit. The registered manager spoke positively about the support they had received and how it had enabled them to have an external person to check their service.

The service had received a full quality check from local authority commissioners in 2016. From this check a number of actions and recommendations had been implemented. The registered manager was working through these recommendations. One commissioner told us, "I have revisited the service twice now to monitor the progress being made and the service is being really responsive."

People and their relative's views were sought and acted upon. The registered manager carried out bi-monthly 'Your Voice' meetings. These meetings enabled people to be supported to discuss their views and covered areas such as people's well-being needs, holidays, events and providing easy read guidance in regards to voting. For example one person had discussed about going on holiday at the meeting. This had subsequently been arranged and the person was looking forward to going on holiday.

The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been notified of these events when they occurred. The registered manager and the provider also responded to any concerns raised to the service and carried out full investigations. For example, the registered manager informed CQC of concerns raised in relation to one person living at Alexandra House – Gloucester.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the home and where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without the fear of reprisal.