D Weston

Alexandra Park Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 1 December 2015. The inspection was unannounced. Alexandra Park Home is a care home registered for a maximum of 15 adults some of whom have had long term mental health needs.

At the time of our inspection there were 11 adults living at the service. The service is located in a large detached house, on two floors with access to a front and back garden. We previously inspected the service on 10 September 2013 and the service was found to be meeting the regulations inspected.

Alexandra Park Home has a registered manager at the service. 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.

During the inspection people were calm and there was a relaxed atmosphere. People using the service informed us that they were happy with the care and services provided. We saw staff were caring, kind and compassionate and treated people with dignity and respect.

Staff were aware of people's needs as their needs were carefully documented within detailed care plans. Staff responded quickly to people's change in needs if they were physically or mentally unwell.

Care records were individualised, contained people's personal histories and reflected their choices, likes and dislikes, and arrangements were in place to ensure that these were responded to. Care plans provided detailed information on people's health needs which were closely monitored. Risk assessments had been carried out and updated regularly. These contained guidance for staff on protecting people.

People were supported to maintain good health through regular access to healthcare professionals, such as GPs and the local general hospital. People spoke highly of the food and people's cultural and religious needs were facilitated by staff.

People had their medicines managed safely although we found minor discrepancies with two medicine records and stocks. People received their medicines as prescribed. Storage and management of medicines was robust with clear processes in place.

Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff felt supported and there was evidence of regular supervision taking place in recent months. Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

There were enough staff to meet people's needs.

We found the premises were clean and tidy, and measures were in place for infection control. The decor was dated but well maintained and there was a record of essential services being checked. There was clear documentation relating to complaints and incidents.

Management of money for people using the service was well managed.

People told us the management was a visible presence within the home. Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were
caring, kind and compassionate.

There was a stair lift to access upstairs and there was an accessible shower room for people with mobility problems.

Although the quality of the care was good, there were other areas where the service had not been consistently well led. Prior to August 2015 supervision did not take place on a regular basis and there was little evidence of involvement by staff or people living at the service in the running of the service.

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. Comprehensive risk assessments were in place, up to date and personalised.

Staff had been carefully recruited and were trained in safeguarding people.

Medicines were safely managed.

The building was clean and well maintained.

Is the service effective?

Good

The service was effective. Staff received training in key areas to ensure they had the knowledge for their role.

Supervision was now taking place on a regular basis and was thorough.

Food was of a good quality and there was evidence of choice of food.

We saw people were supported with health care appointments.

Is the service caring?

Good

The service was caring. We saw staff were kind and caring and this was confirmed by people living at the service and their relatives.

Staff treated people with dignity and respect in their care giving and were aware of cultural requirements.

Where people chose to discuss it, end of life care decisions were recorded on people's care records.

Is the service responsive?

Good

The service was responsive. Care records contained detailed, personalised, up to date information.

Complaints were dealt with promptly and appropriately.

There were leisure opportunities at the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Whilst there were many aspects of good leadership there was not regular supervision for staff prior to August 2015.

There was no evidence of involvement of staff or people living at the service through formal meetings.

The service had a clear philosophy of wanting to create a homely environment and a commitment to life long care.

Alexandra Park Home

Detailed findings

Background to this inspection

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

This inspection took place on 1 December 2015 and was unannounced. It was undertaken by an inspector for adult social care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with eight people who lived at the service, two relatives and four members of staff including the registered manager and deputy manager. After the inspection we spoke with two additional relatives and a health care professional who visited the service.

We also looked at three care records related to people's individual care needs, three staff recruitment files including supervision and staff training records. We look at the records associated with the management of medicines.

We used a 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 reviewed documentation related to essential services and documents relating to the management of money.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises.

Good

Is the service safe?

Our findings

We were told by one person living at the service, "The staff are excellent, alert and attentive. I enjoy the very good variety of food and the GP that I saw gave me a clean bill of health. I'm safe". Another person told us, "The staff are very alert and can tell signs of illness before we can".

There were enough staff on duty on the day of the inspection and we saw from the rota that there were three staff on shift from 8am until 4pm, then two staff from 4pm until 8am. There was also a cook and a cleaner working at the service. The provider only used agency staff on an exceptional basis.

Staff were able to give examples of the types of abuse that can occur, and were able to describe the process for identifying and reporting concerns. There was a safeguarding adults policy in place and evidence of safeguarding records, the last one was dated March 2014. Staff understood how to whistleblow and told us they would be confident doing so if they were worried about any aspects of care at the home.

We saw that risk assessments were detailed, comprehensive and included areas such as mental health behaviours as well as moving and handling issues. They were personalised and reviewed monthly. Care plans were then updated to mitigate the risks identified in the risk assessments.

Medicines were appropriately stored in a locked secure cabinet. We examined the medicine administration recording (MAR) charts for four people living at the service and checked records against stocks of the medicines. Where medicines were provided in a blister pack there was no discrepancy but for medicines stored in boxes, we found two minor errors. The deputy manager was confident that these related to recording issues and said he would discuss this with staff and carry out more regular audits to identify if there was a training issue. All staff had recently undertaken face to face medicines training. There were processes and records for the safe return of unused medicines to the pharmacy, and the fridge temperature for medicines was checked and recorded daily.

Thorough recruitment checks were carried out before staff started working with people. We looked at staff records and saw there was a safe and effective recruitment process in place. We saw completed application forms which included references to their previous health and social care experience, their qualifications and their employment history. Records had two employment references and Disclosure and Barring Service certificates [DBS]. This meant staff were considered safe to work with people who used the service.

There was an accident and incident log which was completed appropriately.

We looked at the records for managing people's money. Only the registered manager dealt with finances. He provided evidence of expenditure to the local authority where they were responsible for people's finances or the solicitor for one person living at the service.

We found the premises were clean and tidy. Fridge temperatures were taken and recorded daily and food was covered and dated in the fridge. There was a cleaner employed daily, and measures were in place for

infection control. There were colour coded mops and buckets and chopping boards to minimise spread of infection. The kitchen area was monitored daily for cleanliness and staff used gloves and aprons when providing personal care.

Inspectors noted the decor was dated but the house was well maintained. We noted that the essential services such as gas, electricity, portable appliance testing and fire safety equipment were safe. The stairlift had been serviced and pest control carried out quarterly visits. Although the bathchair in the bathroom upstairs was not working, the registered manager had a date for it to be repaired.

The lounge and dining area looked out onto the garden so there was natural light and flowers for people to look out onto. The garden had tables and chairs for use by people living at the service, and we saw one person smoking in the garden.

Good

Is the service effective?

Our findings

People who used the service and relatives we spoke with were very impressed by the staff and felt they offered a good standard of care.

The provider arranged three days of face to face training for staff each year and staff had recently undertaken training in infection control, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, food hygiene, medicines awareness, safeguarding, client moving and handling, safeguarding and equality and diversity. Staff had completed training in dementia and mental health awareness previously. The deputy manager and one other staff member had received training in managing epilepsy and there was a plan in place to provide additional training for the remaining staff in this subject.

Supervision records showed that the deputy manager had recently taken over responsibility for organising and offering supervision. Since August 2015 all staff had received supervision every two months in line with the supervision policy. These were in depth and covered topical areas and ensured staff had embedded learning from the training. Staff had had appraisals in May 2015.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made three referrals to the local authority with regards to deprivation of liberty safeguards (DoLS). One had been refused, one had been agreed and the remaining person was awaiting assessment. We noted the front door was locked via a key pad. We discussed this with the registered manager as the arrangement effectively deprived others of their liberty to leave, although if asked, staff would have opened the front door for them. The registered manager undertook to discuss the issue with people who lived at the service who had capacity, and obain their written consent to the front door remaining locked.

Staff we spoke with were familiar with the Mental Capacity Act 2005, and the need to obtain consent from those who used the service.

There was no use of restraint in the home. If people became agitated, staff were able to tell us how they would manage this for individual people. Care plans provided information on trigger areas and suggestions to minimise causing anxiety to people when providing care.

The food was cooked fresh each day with a choice offered at each meal. We saw that there was plenty of food and we were told by two people living at the service "the food is excellent " and "the food is just fine " and "it's fresh". Everyone we spoke with was happy with the choice of food and the meals prepared. The service had been given the highest rating of five stars by the Food Standards Agency in 2015.

The registered manager told us that they had recently supported the staff who cook for the service to expand their skills further by obtaining advice from an experienced teacher of food technology. This had resulted in an expanded menu with new dishes and flavours on the menu.

We could see from records when people were due to visit the chiropodist, dentist and optician, and that people had assistance with health appointments and had access to a range of health professionals. One person had been prescribed painkillers that were very strong and were causing excessive drowsiness, we noted on the day of the inspection the GP had been called for advice, due to staff concern.

Good

Is the service caring?

Our findings

One relative told us "Lovely people who run this home – both the staff and management are so very good and kind." Another told us "The staff are great my mum loves them to bits." Another relative told us "this is the best place he has lived in". Another relative said "We are absolutely delighted with the home, they do a good job".

Two relatives told us that if they needed to go into a residential care home they would be happy to be cared for in Alexandra Park Home.

People living at the service told us . It's nothing fancy but it's really OK – the staff are gentle". Another person told us "I did not want to come, but I'm having to change my mind. I'm ok – I find to my surprise – I'm settling in!"

We saw throughout the day that staff were caring in their interactions with people living at the service. They were patient and didn't rush people and responded quickly and attentively. We saw people were treated with dignity and respect.

Staff were able to tell us about people's likes and dislikes in relation to food, activities and how they preferred to have care provided. They used their knowledge of people's past experiences to discuss things with them and showed an interest in their responses. Where people were able there was evidence of involvement by people as their care plans were signed.

People were asked in the morning what food they wanted for lunch and dinner as it was realised that people often could not remember what they had asked for if choosing the day before.

People's rooms were personalised with pictures, TV's and other pieces of furniture. A hairdresser visited the service every six to eight weeks.

There was nobody at the service who chose to attend a place of religious worship at present, but people had been facilitated to do so in the past. People's cultural needs were addressed, for example, a previous resident had been linked with a cultural based community group who visited her at the home to reduce her isolation and assist communication with the staff. The registered manager stated he would discuss with a person and their family before admission their requirements including cultural needs to ensure they could adequately meet them, and to highlight if they were not able to.

Where people chose to, and had capacity to make end of life decisions, these were documented on their care plan. Although there was nobody receiving end of life care at the time of the inspection, the registered manager told us they had only recently moved a person to a hospice having cared for her with the help of community nursing until near the end of her life. Similarly last year they had been able to care for a person until they passed away with additional health care input.

Good

Is the service responsive?

Our findings

Care records were individualised, contained people's personal histories and reflected their choices, likes and dislikes. We were able to tell if people enjoyed music, the food they liked and how best to provide or support people with personal care. Each person had a personal evacuation plan in place in the case of fire. The care plans were easy to understand and old paperwork had been removed from files making it easy for staff to see the most recent documents. Daily logs of care and people's mental health were kept. At the time of the inspection there was no-one living at the service who needed detailed fluid/food charts to be completed.

Care plans provided detailed information on people's health needs which were closely monitored. As risk assessments had been updated care plans were also updated to mitigate the risk identified. Care plans noted people's mental capacity in relation to Deprivation of Liberty Safeguards.

Care plans were reviewed one to two monthly by the key worker. Clear guidance for staff was set out in relation to the key worker role. Where people had mental capacity their signatures were on care documents.

There was a complaints log at the service, and we noted that complaints had been dealt with appropriately and promptly. People who lived at the service and relatives had not felt the need to make a complaint, and told us the staff and the registered manager were very approachable if they had any issues they wanted to discuss.

There were a range of views on the activities available. We noted from either care records or from discussion with some people living at the service that they no longer chose to go out regularly. We could not always tell from the care plans how regularly people went out.

Staff told us people had the opportunity to be escorted to the local shops if they wished to go and the registered manager took people out to specific activities on a regular basis. There was no transport available for use by people living at the service, but taxis were used when necessary. They also told us they spent time playing board games with people, offered hand massage and offered personal grooming sessions, for example painting people's nails.

People told us they played quizzes and board games with the staff, or watched TV. Some people told us they went out to activities or to see people. Three of the relatives thought there was enough activities for the person they cared for, but one relative told us they thought there could be more activities at the service.

Once a week the provider commissioned a person to come to the home to run a music afternoon of singing and dancing. People living at the service told us they enjoyed this activity. In addition, an organisation that supports leisure activities in care settings visited once monthly and offered creative art sessions or music events.

In the good weather people were supported to sit out in the garden, and there was an occasional barbeque

over the summer.

The registered manager stated he was keen to continually review the leisure opportunities for people and had employed an additional part time person to plan and assist with leisure activities. This person would be employed from January 2016.

Requires Improvement

Is the service well-led?

Our findings

Inspectors noted from the brochure the service has a vision of providing a warm, caring and homely environment with a view to providing lifelong care for those who require it.

There were many elements of the management of the service that were well led. Staff reported the deputy and registered manager were available and supportive to them, as did the people who lived at the service and their relatives.

Care records were up to date, key training had taken place for staff and finances were well managed.

The registered manager had allocated two members of staff's time to become a 'falls champion' and a 'skincare champion'. This meant they attended specific courses and brought back knowledge and skills to share with the wider staff team. The register manager attended the local provider forum. This provided opportunities for additional support and guidance in the running of the home.

However, there were other areas where the service was less well led. For example, whilst we were told that there was a weekly audit of medicines taking place, there was no evidence of this taking place and it had not picked up on the minor discrepancies we found during the inspection.

There were only records for six staff meetings in the last three years. Staff meetings provide a forum for both staff and management to discuss priorities and areas of concern. There was also no evidence of learning from incidents or accidents at the service. The registered manager undertook to review these with staff in the future on a regular basis.

Although people found the manager friendly and approachable, there was no evidence of formal opportunities for people living at the service or their relatives to give their views on how the service was run.

Prior to August 2015 there was little evidence of supervision taking place and there were no records of supervision with the deputy manager who had been in post for approximately 11 months.

There was a procedural file, but it was difficult to find policies. The registered manager acknowledged that the paperwork had not been prioritised.
The employment of the deputy manager to assist with the management of the home had had a positive effect as care records were their responsibility and it was evident they were person centred and up to date.

Following the inspection, the registered manager and deputy developed a plan to set up regular meetings with staff and people living at the service and document regular audits from January 2016.