

Roseberry Care Centres GB Limited

Alexandra View Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alexandra View Care Centre is a residential care home providing personal and nursing care to up to 68 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 45 people using the service.

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

People confirmed they felt safe living at the home. The provider assessed potential risks. There were enough staff deployed to meet people's needs and new staff were recruited safely.

Staff followed good IPC practices and had completed IPC training. Incidents, accidents & safeguarding concerns were investigated, and action taken to help keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and staff told us the registered manager was approachable and had improved the home since the last inspection. The provider had a structured approach to quality assurance which was focused on learning lessons.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra View Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alexandra View Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Alexandra View Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alexandra View Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people living at the home and five staff including the regional manager, the registered manager, a senior care worker and care staff.

We reviewed a range of records including four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision, as well as a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess risks in a timely way to help ensure people's safety. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider assessed potential risks and recorded the measures needed to help keep people safe. Each person had a personal emergency evacuation plan (PEEP), which described the support they would need to be safe in an emergency. Staff carried out health and safety checks to maintain a safe environment.
- People told us they felt they safe living at the home, staff also confirmed they thought people were safe. One person commented, "Definitely, I feel safe, 100%. If I need anything, the staff are brilliant."
- The provider dealt appropriately with safeguarding concerns. These had been referred to the local authority to be investigated. The provider cooperated with the local authority and implemented recommendations.
- Staff understood the safeguarding and whistle blowing procedures. They said they felt able to raise concerns and wouldn't hesitate to do so. One staff member commented, "I have not needed to use it here. Without a shadow of a doubt I would use it though, if required."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff available to meet people's needs. People confirmed when they needed assistance staff responded. One person told us, "I have a buzzer (to call staff), they are here within seconds."
- Staff also confirmed staffing levels were appropriate for the people currently living in the home. One staff member said, "Staffing levels are okay at the moment."
- The registered manager monitored staffing levels and made changes depending on people's needs at the time.
- New staff were recruited safely.

Using medicines safely

- Medicines were managed safely. Medicines administration records showed people usually received their medicines on-time.
- Staff had completed relevant training and their competency was assessed before giving medicines to people. Senior staff completed regular checks to ensure staff followed the correct procedures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured most staff were using PPE effectively and safely. A small number of staff did not wear a facemask correctly. The provider addressed this immediately.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed visiting guidance, there were currently no restrictions on visiting the home.

Learning lessons when things go wrong

- The provider regularly analysed the findings from quality assurance audits to identify improvements and learn lessons. Individual incidents and accidents were investigated with action taken to address any concerns identified.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to learn lessons robust action was taken to improve the quality of care records to confirm people received the care they needed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had improved the quality of care records to accurately account for the care people received.
- The provider had a structured approach to quality assurance. Staff completed regular checks across a range of areas, including medicines administration and care planning. Senior managers analysed the findings from quality checks to identify areas for improvement. Where required, action plans were developed and progress monitored to ensure improvements were made.
- The provider worked with other health services to work towards promoting good outcomes for people.

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

- Care was organised around people's needs. People and staff gave positive feedback about the care provided. One person said, "This place is lovely. The staff are fantastic, they can't do enough for you." One staff member told us, "The manager has very high standards. Personal care has improved. It is no longer a task-orientated home. Staff spend time with residents, having a cup of tea and banter."
- Staff told us they could approach management if needed. One staff member said, "The manager is very approachable, she has always been alright with me. I am totally listened to and valued."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, the service had a new registered manager. They were proactive in submitting the required statutory notifications for significant events to the Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged and involved people in various ways, such as regular residents' meetings, staff

meeting and more formal consultation.

- The home had a residents' committee who were consulted to gather their views about the home. The most recent meeting included discussions about menus, staffing levels and how safe people felt.
- Residents and relatives were last formally consulted in February 2022. Feedback was mostly positive. All 11 relatives who returned a survey responded either 'excellent' or 'good' when asked how well cared for their family member was. An action plan was developed to address areas for improvement identified in surveys.