South Gloucestershire Council

Alexandra Way Residential Care Home

Inspection report

3 Alexandra Way
Thornbury
Gloucestershire
BS35 1LA

Tel: 01454866172

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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?	Good

Summary of findings

Overall summary

This inspection took place on 21 August 2018 and was unannounced. The service provides accommodation and personal care for up to 43 people. At the time of our visit there were 30 people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good

People continued to receive a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed.

The service remained effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. The feedback we received from them was positive throughout. Those people who used the service expressed great satisfaction and spoke highly of all staff. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

The service was responsive to people's needs. People received person centred care and support. Staff monitored and responded to changes in people's needs. One health professional told us, "I have visited Alexandra Way to visit residents and have also had contact over the phone with members of staff. I have never had any cause for concern and, when I visit the residents always appear happy with their care. Staff always appear engaged and involved with client care and will request for me to visit when required". They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. The registered manager and staff team maintained a

clear focus on continually seeking to improve the service people received. Good quality assurance systems were in place and based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Further information is in the detailed findings below.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Alexandra Way Residential Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one lead inspector for adult social care. We were accompanied by two assistant inspectors, who spoke with people who lived in the home, their relatives and staff.
Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we had 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit, we met and spent time with most of the people living in the home and we spoke individually with seven people. Four relatives were happy to speak with us and share their thoughts about the home. The service worked closely with various health and social care professionals and we contacted them prior to our inspection to gain feedback about their views of the service. One professional contacted us and we have included this information in the summary of the report.

We spent time with the registered manager. We spoke with individually with five staff. We looked at four people's care records, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

People continued to receive safe care and support. One of the common themes for people and their relatives was that they felt, safe, happy and secure. Comments included, "I feel safe living here, I could not walk on my own and now living here has helped me get moving around again", "I need my frame to help me walk and if I want to go outside someone will help me", "The night staff peep in at night and if I am awake I will give them a wave to say I am ok so they know not to come in. If I am awake and sitting in the chair they will come in and ask me how I am and if I want a cup of tea".

Staff understood what constituted abuse and the processes to follow to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police. There had been two recent events where the home had raised safeguarding concerns.

Staff managed risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these.

Some people required equipment to help keep them safe. The service ensured people were assessed so that appropriate aids were in place to support them. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment included pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and, what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented. A recent falls audit recognised that a person required a bed that lowered to the floor and to have a sensor mat in place with the aim of preventing further falls.

During the inspection the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. People could request support by using a call bell system. Comments from people included, "I feel safe living here and when I call the bell, the staff check I'm ok and will come back to me if they need to see to someone else first", "There are enough staff and they answer my call bell in

good time", "I feel there are enough staff and the call bell times are good" and "When I ring the bell the staff are friendly and talk to me and come as quick as they can".

The service ensured staff employed had suitable skills, experience and competence to fulfil their roles. In addition, the service considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they could support people with their medicines. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager and senior staff completed practical competency reviews with all staff to ensure best practice was being followed.

The home was clean, homely and free from any unpleasant odour. The provider had infection prevention and control policies in place and staff had received training. One staff member was the infection control lead and was responsible for ensuring staff followed the most up to date guidance. Staff had access to the equipment they needed to prevent and control infection including; disposable gloves, aprons, sluicing facilities, and cleaning materials. One person told us, "It's very clean here and we have clean towels every day. The staff wear aprons and gloves".

Good

Is the service effective?

Our findings

People continued to receive care and support from an effective service. Staff had an induction programme to complete when they started working for the service. Those staff who had not worked in care before completed a programme of 15 modules within three months. This was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. The organisation also had an induction specific to the home. A mentor system was in place where all new staff were linked with, and then shadowed, a senior staff member during shifts. This was to assist with continued training throughout the induction process.

The service continued to ensure staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. There was an expectation that staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. One staff member told us, "The training is good. I've been put on to a palliative care course with St Peters Hospice and I have just finished a dementia course".

The service had a small, steadfast group of staff. Staff continued to work well as a team and there was a continuous theme of supporting and supervising each other. Staff felt they were supported daily by the registered manager and colleagues. Some staff felt that some duty managers were more approachable than others and we fed this back to the registered manager. Any additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. One staff member told us, "I have regular supervision every six weeks with my line manager which I find really useful and she will act on my concerns".

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood the principles of the MCA and, how to implement this for those people who did not have mental capacity and, how to support best interest decision making. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals. One staff member told us, "I have had training around MCA and DoLs recently and always assume people have capacity unless they have been assessed to say that they don't". This staff member had recently been involved in a best interest meeting with a person in the home who had dementia. They demonstrated a good understanding of the principles and purpose of the MCA.

People continued to receive a healthy nutritious diet. Choice of meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed freshly prepared meals and told us

they were, most enjoyable, tasty and there was plenty to choose from. Comments included, "I love the food at Alexandra Way and there is lots of choice, the food is very good, "My relative gets to choose her food every day", "The food is good, they give us a lot of choice and on Friday I love fish and chips" "If you don't want the choices on the day's menu you can have something else. I was so pleased when I was able to have a cheeseboard and crackers" and "There is always enough to eat and drink".

The service continued to ensure everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. The registered manager recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Good

Is the service caring?

Our findings

People continued to receive support from a caring service. People appeared to have a good relationship with care staff and they looked comfortable and relaxed when approached. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles. Comments from people were positive and included, "I like living here, the people and the staff are very kind", "The staff are respectful. I like living here. It's very friendly, staff are very helpful and I enjoy it", "The staff are like extended family", "I find staff are nice and caring" and "Staff are marvellous from the boss down to the kitchen staff".

Staff were proud about how they supported people and felt they received care that was caring and respected individual wishes. They had built up good relationships with people and their families. Staff comments included, "I have good relationships with the people here and I couldn't fault how people are cared for", I have my key people to look after and I find the care plans very useful", "I'm proud that I give good care and do my best for the people I look after", "I'm proud of the relationships I have built with people. Some people have greater needs but it's good to get to know different people and support them with different things" and "I'm proud of working with my two ladies who have dementia. I like working with more challenging people as I like to see if I can do my best for them to relieve their anxiety and distress".

During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conductive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and access to weekly visits with the home's hair dresser.

People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained. Many people chose to have their bedroom doors open, and we observed staff calling out as they entered their rooms. Everyone said their dignity was maintained when receiving personal care and confirmed doors were closed and curtains drawn before any personal care was given.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quiet lounge areas in the home. Family and friends were invited to special events. People told us, "They are very good to me here and good to my children when they come to visit", "Family can come and visit when they like" and "My two daughters and friends can visit anytime and I like that". During our visit we met with visitors who used to have loved ones who lived in the home. They told us they still felt part of an 'extended family' and enjoyed visiting the home and attending events. One person told us, "They were wonderful with my parents, they are part of out local community and I still feel connected. The staff here are very special".

Good

Is the service responsive?

Our findings

The home continued to provide a responsive service. The registered manager continued to complete thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the service and prospective 'resident' to decide as to whether the service was suitable and their needs could be met. The registered manager demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory. One person told us, "The manager came to see me in the hospital before I moved in which was helpful and I appreciated it".

The homes approach to care was person centred and holistic and included the support people required for their physical, emotional and social well-being. The care plans were informative and interesting. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. One person told us, "I don't always have a bath or shower but the staff will bring a bowl so I can soak my feet and legs but I am able to wash myself. Staff will come in and ask me if I want a back wash and that is lovely. It is in my notes that I don't need a lot of personal help but they always help me with my tights and that is in my notes". We asked a member of staff how they built relationships with people and understood their personal preferences. They told us, "I get to know people as I talk to them when I am helping them. If I'm not sure I can check the care plans which are clear and up to date. If people's needs and equipment has changed, it is clear in the notes".

When we spoke with people they told us about important things that made their care and support individual. Comments included, "Staff call me by my preferred name Betty although my real name is Lilian", "I always decide what I want to wear" and "I brought in my own furniture and ornaments and I have my own craft box".

People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in. Activities were always included on the agenda at the 'residents' meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. One person told us about her love of gardening and a recent project she had been involved in. She told us, "I love gardening and my had my own garden at home. One of the carers knows me very well and took up my suggestion to fill an area outside with plants. I went to the garden centre to buy the plants and planted them". They showed us a copy of the spring newsletter where there was a section about how they were involved with new plans in setting up a new sensory garden.

We asked people about what they particularly enjoyed on a day to day basis. Comments included, "I enjoy exercises, singing, crossword and knitting", "I do go down to the church service", One activity lady brings her dog in and she gives me a manicure. She was a lifesaver last week as she gave my legs a massage. She's marvellous", "I play Scrabble on the computer and I do the cross word every day. I also take part in t he exercises and I love bingo. I can take part in whatever I want" and "Staff take me out shopping and we go out

for coffee". The service protected people from social isolation and recognised the importance of social contact. The home was involved in the 'Making Pals' project which was a three-year project co-ordinated by Alive - the aim is to connect who live in the home with the local community. ALIVE is an independent organisation who promote meaningful activity for older people in care.

The PIR stated, "We see Alex Way as a home for life therefore we will do all we can to ensure that we are able to meet the needs of service users coming to the end of their life or when there has been a deterioration in their health". Since the last inspection the service had installed a new wet shower room and a celling hoist for one person whose mobility had reduced. In addition, this person required a bigger space to live in so that staff could deliver care safely. To achieve this two bedrooms were converted into one larger room. People were cared for when they required end of life care, with the support of GP, district nurses and palliative care nurses. When we asked one staff member what she was most proud of in her role, she told us about how they had taken it in turns to sit with a person who was receiving end of life care. They did this to provide reassurance, comfort and company and said it was 'very rewarding'.

When asked who they would speak to if they were not happy, people said they would either speak to their family or a member of staff. One relative told us, "Staff are obliging and helpful with any queries". The daily presence of registered manager or duty managers meant people were seen every day and asked how they were. In addition, staff had one to one sessions with people to. This approach had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home that they knew people well and people were comfortable and relaxed in their company. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Good

Is the service well-led?

Our findings

The service continued to be well led. People and staff were complimentary about the registered manager who had worked at Alexander Way for 12 years. Her presence had provided and benefited consistency and continuity to everyone who used the service. Comments we received included, "I know the manager, she is very good and I can talk to her anytime", "She is very, very nice and very friendly", "The manager is marvellous and charming with it", "She is very nice and approachable" and "If you have any problems she will sort them out in fact all the duty managers are approachable and kind".

The registered manager wrote in their PIR, "We aim to continue with the best practice. As a management team we reflect on our practice and use feedback to improve. Our recent surveys were based on the key lines of enquiry used for a CQC inspection, is the service Safe, Caring, Responsive, Effective and Well-led. The service monitored and assessed the quality of services provided by giving people, their relative's and staff. Written feedback from the surveys was positive about the home, the services provided and all staff. We saw a summary of where improvements were recommended and details of how this would be actioned. A staff meeting was also held after the results were back so that could contribute to improvements. This demonstrated that people, relative and staff were listened to.

The registered manager promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. Other methods of communication included meetings for people, their relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. Staff felt their meetings were valuable and they could influence positive change.

The PIR demonstrated where the service was continually striving to improve the quality provided. The registered manager shared with us one of the ways they were working to improve better team working. This was to give each staff member a better understanding of each other's role, forge stronger working relationships and foster greater respect for one another. One initiative was for all staff to shadow each other on a shift to gain a greater understanding individual roles and responsibilities. The PIR stated, "We will work hard to show that all members of staff are valued and feel that they are being listened to and this will lead to improving the work environment". The registered manager was enrolled to attend 'Women in Leadership' workshops, the aim of which is to improve and enhance leadership style which will give increased support and confidence to everyone who used the service.

Systems were in place to monitor and evaluate services provided in the home. The registered manager and deputy reviewed concerns, incidents, accidents and notifications. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality. Additional monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

The registered manager and duty managers knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had provided sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.