HC-One Limited

Alexander Care Centre

Inspection report

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25 May 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 10, 19 and 25 May 2016 and was unannounced. Alexander Care Centre provides care and accommodation for up to 78 older people, some of whom have dementia. At the time of our inspection there were 75 people living at the home. The accommodation was split into three units, two of which provide nursing care. The building was accessible throughout to people with restricted mobility.

A new manager has been working in the home since April 2016 and her assessment to be registered as the manager with the Care Quality Commission is underway. 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.

The home had a comprehensive inspection in August 2014. We found the regulations we inspected were met and we gave the home an overall rating of good. In February 2016 we carried out a responsive inspection to look at weekend staffing levels and we found that improvements were required in that area. At this inspection we found the provider had taken action to ensure there were enough staff on duty at all times, with the correct skills to look after people and meet their needs.

We found one breach of regulation at this inspection. The provider had not always followed safe recruitment practices so there was a risk that staff employed were not suitable to work with people.

People were protected from abuse as staff were knowledgeable about the signs it might have taken place. They know how to report it so it could be investigated properly. When people were at risk of harm, for example of falling or of developing pressure sores staff carried out risk assessments to make sure the risk was managed. This helped to keep people safe. There were good arrangements for dealing with emergencies.

Staff gave people their medicines when they needed them and made accurate records to confirm they had done so.

Staff had training and support to carry out their jobs. People were cared for in line with the requirements of the Mental Capacity Act 2005. They were not deprived of their liberty unless this was properly authorised under the Deprivation of Liberty Safeguards.

People had enough to eat and drink. When people needed specialised diet to keep them safe from choking this was provided. People saw a range of health care professionals to make sure their needs were met and staff had specialist advice to give them good care.

People's dignity and privacy was protected and staff gave them warm and compassionate care. Care took into account people's individual needs and they or their representatives contributed to care planning.

People and their relatives knew how to complain. Investigations were through and when necessary led to changes being made. People and their family members had the opportunity to give their views about the home at meetings.

The recent management changes were welcomed by people and staff and improvements had been introduced. There were management and audit processes to check the quality of the care given.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Although the provider had a safe procedure for checking staff were appropriate to work with people it was not always followed and checks were not always in place before staff began work at the home.

Staff were knowledgeable about how to recognise abuse and knew the action to take if they had concerns about people's safety. Health and safety matters were managed well and there were good arrangements in place for dealing with emergencies. Staff assessed risks and took action to mitigate them to keep people safe. Medicines were managed well and there were safe arrangements for their storage, administration and recording.

Is the service effective?

Good

The service was effective. Staff were supported and trained for their work.

Meals provided met people's nutritional needs. Some people had advice from health and social care professionals about a range of matters, including how their meals should be prepared. This advice was followed so meals were safe for people to eat and the care provided took into account their needs.

People's liberty was not restricted unless this had been agreed. If people did not have capacity to give agreement the correct processes were followed.

Is the service caring?

Good

The service was caring. People's dignity, privacy and confidentiality were protected and staff provided warm and compassionate care.

People were supported to maintain their relationships with people important to them.

Is the service responsive?

Good

The service was responsive. People's individual needs were considered and met in the way care was provided. People had

the chance to take part in activities

People and relatives knew how to complain and could make their views known at meetings.

Is the service well-led?

Good

The service was well led. The manager and provider carried out audits to monitor the quality of the service provided for people.

The requirements of the home's registration were met and managers made notifications to the Care Quality Commission as required.

Alexander Care Centre

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.

The inspection took place on 10, 19 & 25 May 2016 and our visits were unannounced. One inspector carried out the inspection and on the first visit she was accompanied by a specialist professional advisor who was a nurse. The specialist professional advisor was experienced in the care of people with dementia and older people.

We undertook general observations and used the short observational framework for inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the information we held about the service including records of notifications sent to us.

We spoke with nine people who lived at the home and we spoke with five relatives. We spoke with 14 staff. The staff included the manager, deputy manager, the activity co-ordinator, members of the care and nursing staff teams, the chef and domestic staff.

We looked at personal care and support records for 14 people. We looked at other records relating to the management of the service, including medicines records, staff recruitment and training records, audits, complaints records and health and safety checks.

We had feedback about the home from four health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2016 we found that the home was not safe and was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not always enough nurses available to provide care and meet the needs of the people who lived at the home. We also found that two care staff had worked for an excessive number of hours to provide safe care. At this inspection, we found that the provider had made improvements.

We found that people were cared for by adequate numbers of staff. Each unit was staffed by either a nurse or nursing assistant who worked alongside care staff. We observed that there were sufficient staff to provide safe care for people and to meet their needs. Staff told us that the numbers of staff available had improved since our visit in February, one member of staff said, "It's better now, there are more staff." A health and social care professional told us that when they visited the home there were sufficient staff and they had no concerns about the number of staff available to meet people's needs.

People were cared for by staff with the appropriate skills to meet their needs. Some of the senior care staff had received training and become nursing assistants so they could undertake basic nursing tasks, including giving medicines and applying dressings. We spoke with two members of staff who had been trained and were working in the new role. They said they were able to seek advice when necessary from nursing staff so felt confident in their work and said the new staffing arrangements were working well. One of the nursing assistants told us, "We [nursing assistants] have had training, in giving medicines and personal care, but I always go to the nurse if I am not sure."

The majority of people told us they received help when they asked staff for assistance, for example when they used the call bell system. One person said they did not feel staff always responded quickly when they rang the call bell for help and as they needed assistance with a range of personal care tasks they found this difficult. We tested this by ringing a call bell on one of our visits. We found there was no response within six minutes. We reported this to the deputy manager during our visit. The manager informed us on our next visit they had taken action to address our concern. They had met with staff to stress the importance of responding to call bells quickly. A member of staff confirmed the meeting had taken place. The manager had also arranged for hand-sets to be supplied which alerted senior staff when the call bells were activated and told them where the assistance was needed. There were no further concerns about response times to call bells.

The provider had recruitment procedures which were designed to protect people against unsuitable staff working with them. Each potential staff member had to complete and application form and attend for an interview. Checks of Disclosure and Barring Service (DBS) records which included a criminal record check were carried out, as were checks on people's right to work in the country. The provider did not confirm staff in post until they had successfully completed a probation period of at least three months.

However people were not fully protected against unsuitable staff working with them because the staff recruitment procedures were not consistently followed. In two of the records we looked at we found that the

staff members' work histories included unexplained gaps. One person's records showed they only had one reference available when they began work at the home. We found an undated request for a second reference to which there was no response on file. The manager who made the request began work at the home after the member of staff did. This meant it was requested after the person began work. The provider's recruitment policy was that two references should be obtained prior to them beginning work to ensure the person's suitability for the post. This person had previously worked in social care and had provided details of the previous employer as a referee. The manager told us that a request for a reference had been made to them and no response received although there was no evidence on file to confirm this.

This was a breach of Regulation 12(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from abuse because the provider had suitable arrangements in place to ensure people's safety. Staff demonstrated good understanding of how to recognise different kinds of abuse, and how to report any concerns they had that someone may have been at risk of abuse. The manager and deputy manager understood the reporting process and made reports appropriately. A health and social care professional told us, "To the best of my knowledge all incidents that requires an investigation are reported to the local authority safeguarding team and the Care Quality Commission." Another health and social care professional told us the staff, "I have no concerns about the home, they keep [people] safe."

People were protected in emergencies because staff knew how to respond to keep people safe. A health and social care professional told us, "Although incidents will always occur, the staff, to my knowledge, always act responsibly, for example by [people] being taken to the hospital or the GP being called."

The provider had ensured there was a range of fire prevention and fire safety arrangements in the building. Records confirmed they were tested regularly and maintained in working order. As required rooms where oxygen was in use had this displayed on the door. Each person had a personal emergency evacuation plan which described the assistance they would need to leave the building in an emergency. Staff took part in practice fire drills so they were familiar with the procedure to follow in an emergency.

People were protected from risks associated with their health conditions. Staff assessed risks and put measures in place to minimise them to keep people safe. Assessments identified the risks people experienced of falling. One person who had a high risk of falling had a sensory mat under their mattress on the bed so staff were alerted after a set period of time if the person rose from bed and they could ensure they were safe

People's risk of developing pressure ulcers was assessed and action was taken to mitigate and minimise the risks. This included ensuring that people who required assistance to turn in bed to relieve pressure were assisted to do so and records were kept to confirm this was done. We were told about one situation where a member of staff had come to assist on a unit where they did not normally work was not aware of one person's need for two hourly turning. We checked in the person's care records and noted this need was not highlighted on a quick guide to the person's care needs. We reported this to the manager of the home who agreed this was an omission and said they would arrange to amend the record. No pressure ulcers had developed in the home, although some people had them after being discharged from hospital. In these situations the staff worked with tissue viability nurses to give the person appropriate care and treatment. A health and social care professional told us, "There is an effective response to [pressure care needs] which promotes healing and prevents reoccurring, like prompt intervention by the tissue viability nurse."

People who used bedrails to keep them safe only did so after a risk assessment had been carried out to

make sure they were safe having them fitted to their bed. The bedrails were checked daily to ensure they continued to be safe and were fitted properly. Written guidance on the safe use of bedrails was available for staff in the office on each unit.

People were protected from the risks associated with medicines. Staff gave people their medicines in line with the instructions of the GP. Medicines were stored safely in medicines trolleys which were in locked cupboards to which only staff who were authorised had access. Staff completed records of administration accurately and there were no gaps in them. The provider had safe arrangements for the disposal of unused medicines.

The people living in the home were protected from the risk of infection because the home had good cleaning arrangements. The home was visually clean and there were no unpleasant odours. There were good arrangements for disposing of contaminated waste and staff used personal protective equipment such as aprons and gloves. People were kept safe from risks associated with cleaning products as they were not left unattended and were stored safely.

Food hygiene was managed well. Environmental health officers assessed the food preparation facilities in the home in September 2015. They awarded a rating of five which showed the food preparation facilities in the home were well managed and had high standards of hygiene.

Good

Is the service effective?

Our findings

People received care from staff who were trained and supported for their roles. The provider arranged health and safety courses, such as fire safety, food hygiene, safer people handling, health and safety, emergency procedures and infection control. Training related to the needs of people living in the home included dementia care, diabetes awareness, catheter care, nutrition and hydration, working with behaviour that challenges and promoting healthy skin. There was a monitoring system to ensure training was arranged for staff whose role required them to have particular skills and knowledge. A health and social care professional told us they believed staff were "on the ball" and had no concerns about the staff skills in relation to meeting their client's needs.

Staff told us they were supported in their jobs. The new manager had begun a programme of team meetings so that issues relevant to the whole team could be discussed. Staff also had the opportunity to have supervision where they met individually with a senior member of staff to discuss work practice and any issues affecting people who used the service. One member of staff said "I get all the support I need, I have three monthly supervision and I have training." Supervision notes were brief, although they listed topics discussed they did not contain details of the discussions or targets and goals set for the staff members' development. This was pointed out to the managers present at the inspection but they felt their notes were sufficient.

Although most people and relatives told us care was provided by staff who were professional in their approach we heard about one incident where this was not the case. A visitor told us about an instance they had witnessed when two care staff had disagreed about a work issue. We did not sense or see any lack of teamwork in the staff group. We met a group of staff sitting together during a break in their work. They told us they had different roles in the home – including, care, nursing and catering. They said the communication between staff was good and there was sense of teamwork in the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Most staff (86%) had received MCA and DoLS training and were aware the implications of this in their practice. Whenever possible they sought people's consent before providing care and support to them. One member of staff told us they had not yet received the training but said there were arrangements in place for it to be provided.

People's rights to make their own decisions were respected and promoted. When people had been assessed as being unable to make relevant and specific decisions, applications for the authorisation to restrict their

freedom in their best interest had been made to the supervisory body to obtain a DoLS. Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty. A care record of a person who was subject to restrictions under DoLS showed there had been appropriate assessments of the person's capacity under the MCA. The home was aware of the limitation of the DoLS and when it expired. Their care plan incorporated the DoLS and there were arrangements to review the restriction.

People were provided with sufficient food and drink to meet their needs. Staff assessed people's risk of malnutrition using a Malnutrition Universal Screening Tool (MUST) at least monthly which meant staff could monitor people's conditions and take action when necessary. Some people saw dieticians for dietary advice and the guidance they gave was recorded in the people's care records. People whose food and fluid levels were monitored had records of the foods and drinks they consumed. These were completed accurately so staff could use them to monitor the person's condition.

People enjoyed the meals provided and they met their needs. One of the people described the food as "not bad" and explained they were a good judge of food because they used to work in a kitchen. Another person told us they sometimes found the food "a bit too spicy", but they could choose to have something different to the main meal. They also said, "They do a nice meal on a Sunday, a roast, I like that." They explained their preferred meal was "meat and two vegetables" and said this was the kind of food the home always provided on a Sunday.

Some people had been advised by a speech and language therapist (SaLT) to have meals of a particular texture. The chef was knowledgeable about the consistencies people required. Staff added thickener to people's drinks when this had been recommended. When people needed smooth textured food the kitchen staff pureed the items separately so people could experience different tastes. Staff knew which people had particular needs in relation to their diet, for example they knew who required meals suitable for diabetes and they were aware of the different textured of meals people had. Staff demonstrated good knowledge and understanding of using right consistency when using fluid thickener in people's drinks.

We observed people who needed assistance with their meals were helped by staff. Staff were helpful and patient while they did so. They sat on the same level as the person and observed them for signs they wished to eat more or less. For example we saw one person who was reluctant to eat the main course so the member of staff agreed with them they would not continue with it. When they brought the dessert for the person they ate it enthusiastically. People could choose to eat with the people in their unit or in their bedrooms if they wished.

People had access to healthcare services to maintain and promote their health. GPs visited the home twice a week and were available in between these visits. We had contact with health and social care professionals who visited the home regularly one said that there were "no problems" at the home. They said there was a "stable staff team" at the home and this helped them to provide consistent care for the people they looked after. We saw details in people's records of contacts the home had with a range of health care professionals. These included opticians, dentists, physiotherapists, dieticians and a specialist psychiatric team for older people. Professionals told us staff requested their advice appropriately and put it into practice in their care routines.

Good

Is the service caring?

Our findings

People said they were happy with the care they received. A person told us living at the home was, "Alright, they look after me." Another person said that "the care is good". They said they could tell that many of the staff were "compassionate" and did the job because "they are caring". Another person spoke with us about a member of staff they got on well with and described them as, "fabulous" and said "we would all be so upset if [they] left us."

A visitor told us their relative was, "looked after very well." They said the staff responded well to any periods of ill health and, "They [staff] keep us informed if there is a problem." Another visitor told us they were, "happy with the care" and a third said their relative "is looked after very well."

A health and social care professional told us they found the home, "very welcoming" and they felt there were "no problems" with the care provided. Another health and social care professional said, "When I have I visited Alexander Care Centre the staff from management to care workers are welcoming and seem caring towards the people entrusted to their care."

Staff saw people as individuals and each person's record included a section that was headed "what people like and admire about me". In one record the statements made about the person included "[the person] is patient, quiet, kind and loving." In another record the person was described as "friendly" and "easy to talk to". These entries encouraged staff to see the positive features about a person's personality and not just focus on their care needs.

People were supported to maintain relationships that were important to them. Visitors were welcomed at the home and they visited freely when we were at the service. We heard people asking staff when they would see their relatives. Staff were reassuring and told them when they expected visits from family members. They offered to make phone calls to relatives if people wished.

People could choose to see their visitors in several areas of the home, which meant they could have privacy without having to use their bedrooms if they preferred not to. A 'café' area had been created on the ground floor of the home where visitors could make drinks and relax with the person they came to see. There was a friendly atmosphere in this area and people enjoyed chatting there. We saw a person with family visitors in the garden where furniture was provided so people could enjoy the outside space.

A member of staff told us they believed the staff team was caring. Another staff member told us that a group of people living at the home had developed friendships and they enjoyed each other's company. The staff member said this was "important" for people and they were pleased this had developed as the group provided emotional support for each other. We saw people sitting together at mealtimes and chatting easily. People and staff talking together in a relaxed manner. Staff spoke with people living at the home with warmth and good humour.

People told us they could make their views known about their care preferences. For example one person

told us they chose to get up early as this was better for their health condition. They told us, "It's my choice."

Staff helped people in a way that respected their privacy and dignity. For example bedroom and bathroom doors and curtains were closed when people had help with personal care. We observed staff knocking on bedroom doors and waiting for a response before they entered. Staff discussed personal matters with people in places where others could not overhear them. Records were kept so that only people authorised to see them could do so and personal information was not displayed in communal areas. People were assisted to dress well and a hairdresser visited the home each week so people could maintain their appearance the way they wished.

Good

Is the service responsive?

Our findings

People received appropriate care because their needs were assessed and planned for. Senior staff assessed people's needs before they moved to the home to make sure they had the necessary facilities and staff had the skills to meet their needs. The information and results of the assessments were used to create personalised care plans. People were involved in their care planning as far as possible. People's relatives and representatives contributed to the assessments, care plans and reviews.

A health and social care professional told us their client had moved to the home in late 2015 and they had visited to review their placement. They said the person had settled well at the home and showed signs of their well-being improving, for example they were eating well and their weight had increased which they believed was an indication that they were settled. They said the care plan was up to date when they visited and they were pleased the person was responding well to the care they were received.

Staff showed commitment to assisting people in a way that was tailored to fit their needs. A member of staff told us "we [staff] do our best to meet [people's] individual needs." The records showed people's wishes were recorded, for example people's preferred morning routines were detailed and people told us they were followed. In addition people's choices about whether they received care from a staff member who shared their gender was recorded and observed.

People's diverse needs were recognised and respected. The care records included information about needs which came from people's culture and religion. Religious services were held in the home and representatives from places of worship visited people if they wished. The home had contact with religious leaders from different denominations. We noted that meals included some items which reflected the different cultures in the home. The manager told us they hoped to develop this further.

People and relatives told us they would make complaints to the manager if they needed to do so. A relative said "I've got no complaints." although they would feel confident to make a complaint if they felt they needed to. Records of complaints showed senior staff wrote letters to complainants to acknowledge the complaint and explain the process which would be followed. The complainant received a letter to inform them of the outcome of the investigation and any changes that would be introduced as a result of the process.

Visitors were able to give feedback anonymously about the home through an electronic feedback machine in the reception area. Visitors were invited to give their views about the care, the staffing and the environment using a touch screen. The results were submitted directly to the provider. If concerning issues were raised the provider informed the manager so they could be addressed quickly.

People had opportunities to take part in a range of activities. Two activity coordinators worked at the home and covered weekdays and weekends. The activity programme included arts and crafts, musical sessions, reminiscence activities and celebrations of cultural and national events. For example there were events to celebrate St Georges day and the Queen's birthday. The home had a minibus and this enabled outings to

take place. We heard about outings to parks and shopping centres that people enjoyed. The home had planned to take part in the Care Home Open Day celebrations and had arranged for schoolchildren to sing at the home.

People took part in informal activities. We saw a person and a member of staff playing several games of draughts during our visits to the home and enjoying their competition. Newspapers were available each day for people to read and to provide conversation points between people.

People and their relatives had opportunities to give their views and be consulted about the running of the home through meetings which were held for them. Meetings for each group were held in March 2016. People made suggestions at the meetings for items to be included on the menu and for ideas for activities to be introduced. There were plans to introduce a greater range of meals on the menu and we were informed after the inspection that this had taken place. .
We saw responses to a survey about activities at the end of April 2016. The suggestions included for more activities to be provided at weekends and to spend more time in the garden. Other suggestions were for classical music to be played, for people to have the opportunity to play card games. The deputy manager told us that some progress had been made in these areas. They told us new games had been purchased, some of which particularly suited the needs of people with dementia. We also heard a gazebo was now in the garden and people were spending more time outside in good weather.

The manager told us that surveys were carried out by the provider to request views about the care home. We did not see a report of the most recent survey which had collated the responses from people who completed it so did not have information about whether concerns were raised or suggestions made.

Good

Is the service well-led?

Our findings

The management arrangements at the home were more settled than at our previous visit. The manager had been appointed to her post in April 2016. She had submitted an application to be registered as manager with the Care Quality Commission and our assessment was underway. The manager was assisted by a deputy manager and each of the three units had a nurse or a nursing assistant who took charge of shifts.

People and their relatives understood the management structure and who to talk to about concerns. Two nurses, the deputy manager and a nursing assistant had worked at the home for several years, as had the activity co-ordinator, the administrator and several care staff. This provided stability in the team which a health and social care professional said they felt was a strength.

Most people knew the managers and felt able to talk to them. One person told us they were familiar with the manager and said, "I think the home is run very well." We saw reports of the manager's daily walks around the home. However a relative and a person who lived in one of the units on the first floor of the home said they would like to see members of the management team more frequently. The management office was located on the ground floor and this may have contributed to the people on the upper floors being less familiar with the management team.

Staff told us they felt the home had improved since there was a complete management team. They thought the manager was approachable and one said, "It is early days but she is friendly." Another staff member said the manager was open to hearing staff views about the home, and said that in a staff meeting, "she said we can go to her with any problems". Staff said they were encouraged by this open approach. Another member of staff told us the home, "Is better now we have got a permanent manager, we are more settled."

People were protected by management systems which aimed to ensure that the service was well led. The management team carried out a range of audits and the results were reported to the provider so they could monitor events in the home. The reports included weight monitoring, pressure care management, numbers of incidents, and details of complaints and compliments made about the home. There were audits made of health and safety matters each quarter by the local managers and the provider arranged an annual health and safety audit. Accidents and falls were checked by the management team to establish if there were patterns and to identify areas which could be improved to prevent recurrence.

The manager and the provider met the requirements of the home's registration and made notifications to the Care Quality Commission as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a risk that safe care and treatment was not provided at the home because the provider did not ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely;