

Eastgate Care Ltd

Alexandra House - Eastwood

Inspection report

Wroughton Court
Nottingham Road, Eastwood
Nottingham
Nottinghamshire
NG16 3GP

Tel: 01773530601

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alexandra House is a residential care home providing personal and nursing care to 28 people at the time of the inspection. The service is registered to accommodate a maximum of 38 people, however the operational manager told us they would only accommodate 34 people.

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

Actions were not always taken to mitigate risks present in the environment and to protect people from the risks of infection. When risks had been identified in audits, prompt and timely action had not always been taken in response to mitigate risks. Audits were not always effective at identifying shortfalls in the service.

Staff were trained, however staff were not always seen to be competent when assisting people to mobilise with equipment.

Refurbishment plans were in place to improve the decoration and flooring. Areas that had been refurbished had been designed to meet people's needs. However, areas still waiting for refurbishment were not always supportive to people living with dementia.

Risks associated with people's healthcare conditions were assessed and monitored and medicines were managed safely. The provider had taken actions to help prevent the abuse of people using the service. There were enough staff to meet people's needs and staff recruitment processes checked on staffs' suitability for the role.

Assessment processes were in place to cover people's health, care and well-being needs. People received food and drink to meet their needs; improvements had been made to how people's fluid intake was monitored and managed. The service worked in partnership with other healthcare professionals to ensure effective care.

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.

Staff were caring and respectful to people. People's choices were promoted and their views and preferences for their care and treatment were known and informed care plans. People told us staff respected their privacy and promoted their independence.

Staff understood people's life histories and interests. People told us they enjoyed a variety of activities, including connections with their local community. People's communication needs were assessed and met. Where people required care at the end of their lives, procedures were in place to ensure this would meet people's wishes.

The service was run with an open and approachable management team. People's views were gathered and used when developments or changes in the service were considered.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 19 July 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service. We will request an action plan and meet with the provider. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Alexandra House - Eastwood

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 Care Act 2014.

Inspection team

On day one of the inspection, the inspection team included one inspector, one assistant inspector and one 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. On day two of the inspection, the inspection team included one inspector, one assistant inspector and one specialist professional advisor. Their area of expertise was in nursing care.

Service and service type

Alexandra House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

On day one of the inspection, the service had a manager registered with the Care Quality Commission. 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. However, they were working their notice and had left the service by day two of our inspection. The service had started processes to recruit another manager who would register with the Care Quality Commission. During the absence of the registered manager, the service was being covered by the home manager and the provider's operational manager, who was also a nurse and was acting as the clinical lead.

Notice of inspection

This inspection was unannounced and took place on the 5 and 12 September 2019.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five visiting relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager (on day one of the inspection), the operational manager, the home manager, a nurse, four care staff, two staff members working on domestic and laundry duties and the activities coordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included the relevant parts of seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has stayed the same, Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks were not always identified, mitigated and managed well. For example, the provider's own risk assessment for the environment identified all radiators should have covers on to mitigate against the risk of scalding. We found all the radiators throughout the premises were hot surface radiators and none were covered. Hot surface radiators create an additional risk of scalding should a person fall and have skin contact with them. We discussed our concerns with the operational manager and home manager. They told us they had begun the process of getting quotes for works to mitigate the risk of scalding.
- Further risks were present in the environment. A person's wardrobe had not been re-secured to their bedroom wall after their room had been redecorated. Unsecured furniture can be a risk in environments for independently mobile people living with dementia as they could potentially be able to pull furniture over and become entrapped.
- We also found food thickening powders and thickened drinks had been left in accessible places. Food thickeners need to be stored securely as there is a potential risk of ingestion to people living with dementia.
- Rooms that contained potential hazards were not always kept securely locked, for example storage rooms and the sluice room. The premises were not always secure. Gates had been left unlocked that allowed access into the building through the kitchen.
- We found the clinical waste bins outside the premises were not kept locked as required. Clinical waste bins are required to be kept locked to minimise the risks to people from contact with the waste.

The provider had failed to ensure premises were secure and suitable for the purpose for which they were used. This was a breach of Regulation 15(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk relating to people's healthcare were assessed and monitored. For example, when people were at risk of pressure area damage steps were taken in line with the assessment to reduce risks.
- Where people had behaviours that could cause harm to themselves or others, staff took action to monitor them. This included regular observations as well as recording any incidents of behaviour to help understand if anything could have been done differently. This had been completed clearly and helped staff understand people. However, this had not been completed recently for one person who we observed expressed distress reactions. We discussed this with the home and operational manager who told us they would take action to monitor this person's behaviours.

Preventing and controlling infection

- Not all steps had been taken to ensure people were protected against the risks of infection. For example, we found one person's room had been left with a used continence pad in the bin, the commode had not been put away and the pillow case was dirty.
- Not all steps had been taken to ensure food storage was managed to help protect against infection. We found a nozzle to dispense cream from a canister had not been washed after use; this resulted in congealed and dried cream being left on the nozzle. Food stored in the fridge had not always been labelled as to when it should be disposed of in line with the provider's policy. We found the oven, cutlery drawer, and items of bake-wear were not clean.
- Some furniture surfaces had suffered from wear and tear and had become permeable; this meant they were not able to be cleaned effectively. We found the foot pedal on a foot operated bin in the visitor toilet had broken and the lid had to be lifted by hand. Foot operated bins help to prevent and control infection as they minimise hand contact with dirty items.
- The provider had a rolling programme to replace items of furniture as part of a refurbishment process. They also took action to clean the areas identified, order new bake-wear and a pedal bin and dispose of items in the fridge.

Using medicines safely

- People were protected from the risks of medicines as procedures to ensure medicines were administered and managed safely were in place. This included procedures for the ordering and disposal of medicines. Checks on medicines held in stock showed records kept were accurate.
- When people required medicines 'as and when required' rather than at set times, we found guidelines were in place to ensure people received these consistently. When people received medicines covertly, the correct decision-making processes had been followed and clear guidelines were in place for staff to follow.

Staffing and recruitment

- People had mixed views on whether there was always enough staff. One person told us, "My call bell works. How long I'm waiting depends, usually it's only a few minutes. The longest wait I remember was about less than 15 minutes." A relative told us, "Staff are on hand. It seems to me that there are enough staff. [My family member] says they haven't had to wait ages." The provider monitored how long it took staff to respond to people's nurse call bells and investigated any occurrences where people waited for longer than 10 minutes for assistance. We reviewed the nurse call bell responses and found the majority of calls were answered within this time.
- We observed staff had time to care for people without rushing and we did not observe people waiting for care. The provider had looked at the times of day when people needed care and had planned additional staff to provide this. There were sufficient staff deployed to meet people's needs safely.
- However, some improvements were required to ensure new staff worked with more experienced staff. This was because we observed two new staff who worked together and who both used an incorrect moving and handling technique that created a risk of harm to the person. In addition, staff were not always clear which member of the care team was the senior carer on shift when care staff were acting up in this role.
- Staff were recruited in line with the provider's recruitment policy. This ensured staff were checked for their suitability to work with people who used the service. This helped the provider make safer recruitment decisions.

Learning lessons when things go wrong

- Staff understood how and when to report accident and incident reports and records showed these had been completed. These were reviewed, alongside any falls people had experienced on a monthly basis by the Home Manager.

- Falls were analysed for the time they occurred. This allowed the Home Manager to analyse for any trends or patterns and take action as needed to mitigate risks. Falls were also analysed for the time they occurred. This is an example of where the provider worked to learn lessons from when things had gone wrong.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Alexandra House. One person told us, "The staff are good and don't bully." A relative said, ""I think the home is safe. I've seen no evidence of staff doing anything wrong." Staff we spoke with understood what steps to take to help prevent avoidable harm and abuse to people; we saw the provider checked staff understood local safeguarding procedures. This meant systems and processes were in place to help keep people safe from abuse and avoidable harm.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Since our last inspection improvements had been made to some window frames, some bedrooms and areas of flooring as well as the outside of the premises. However, there were still areas of the premises that needed improvement; this formed part of the provider's on-going refurbishment plan. These included areas of flooring, some people's bedrooms, redecoration and paintwork.
- People had access to a lift, so they did not have to use the stairs if they lived on the first floor. Corridors had grab rails along them and were wide enough for people who used walking aids. Parts of the premises had been decorated in ways that assist people living well with dementia. For example, people's bedrooms were situated along a 'street themed' corridor, and items of reminiscence were displayed.
- Other parts of the premises, yet to be refurbished, were less supportive of people living well with dementia. For example, the lighting in the upstairs corridor created patches of shadow which could be disorientating to people with vision loss or living with dementia.
- People had been supported to personalise their bedrooms and these reflected people's tastes and preferences.

Staff support: induction, training, skills and experience

- Training was provided to staff to help them understand and provide effective care for people using the service. However, we observed staff were not always competent in using equipment when they assisted people to move. We made the home manager and operational manager aware of our observations and they agreed to refresh moving and handling training.
- People told us they were mostly confident in staffs' abilities; however, they did comment on a difference between new and established staff. One person told us, "I'm fairly well with staff who are established but new ones have to learn."
- Staff completed induction processes. However, one staff member told us they felt a longer period of induction would be helpful; with new staff always working with experienced staff until their induction was completed.
- Staff told us they felt supported and could meet with their managers to review their performance and identify any further support they needed.

Supporting people to eat and drink enough to maintain a balanced diet

- On day one of our inspection, we found fluid monitoring for people at risk of dehydration was not always

effective. We discussed this with both the home and operational managers who told us they would implement improvements. On day two of our inspection we saw monitoring of people's fluid intake had been improved and was now more effective.

- We saw people enjoyed a pleasant meal-time experience. People were asked for their meal and drink preferences and had these met. Staff were available to assist people if they required help with their meal. Adapted plates, cups and cutlery were used to help promote people's independence. Some people liked the food more than others. One person told us, "The food is so-so. If you absolutely don't like it they will give you something else. We always can get tea and juice. Some days I like the food and some days I don't. I'd score it 5/10." While another told us, "The food is excellent. You couldn't possibly criticise it."
- People were monitored for weight loss and actions taken, such as providing fortified foods if needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and covered the relevant aspects of their health, care and well-being. We found these were mostly reviewed as needed. However, we found one person's use of medicines had not been reviewed in line with nationally recognised good practice. We made the home and operational managers aware and they agreed to arrange a review.
- Assessments contained information on people's family life, any faith belief, their working experiences, hobbies and interests. This helped staff to know people well and ensure any diverse needs could be met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they received care from other healthcare professionals when they needed it. One person said, "You can see the doctor easily; the optician comes, and oh yes, I've seen the hairdresser. You go to a place to see the chiropodist. I've not needed to go to the hospital."

Records showed where GP's and other healthcare professionals had visited people when needed.

- We spoke with a visiting healthcare professional who told us staff were receptive to any advice given and that communication over people's care needs was clear. We saw information from health and social care professionals was reflected in people's care plans.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Processes were followed to ensure people's capacity to make informed decisions was assessed. Best interests' decisions were made when people did not have the capacity to make an informed decision.
- Some people had an authorised DoLS in place where restrictions were in place to help keep the person safe. Any conditions associated with DoLS were met.
- Our observations showed staff sought people's consent before providing care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt staff were caring. One person told us, "Staff are welcoming, caring and warm; just lovely; everyone is really lovely."
- We saw staff sharing conversations with people and spending time with them. The interactions we saw between people and staff were warm and positive.
- People's care plans and records of their care were written respectfully. Assessments of people's health, care and well-being needs ensured equality and diversity needs were discussed with people.

Supporting people to express their views and be involved in making decisions about their care

- Not all people and relatives we spoke with knew how they had been involved in decisions about their care. However, care plans reflected people's views and wishes about their care and treatment and had been updated when people's views or decisions changed. People told us staff understood their views and preferences. For example, one person told us, "Staff know what I like and don't like." A relative told us, "We have had some initial discussions and on the phone about [my family members] care needs here."
- We saw staff offer people choices and supported their everyday decision making. For example, staff asked people where they preferred to sit. People told us staff respected their choices. One person told us, "I can get up and sleep when I want. Nobody makes me do what I don't want to."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy and dignity was respected. People told us that staff would knock on their bedroom door before entering and ensure privacy for any personal care.
- People told us staff promoted their independence. One person told us, "In a way I am independent. I can get up and walk about in my room with my walker. I get help to dress. I can eat myself."
- We observed people had access to adapted cutlery and cups to help promote their independence at mealtimes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement with a breach in Regulation 18 (Staffing) as the service did not always provide responsive and person-centred care. At this inspection the provider had improved and was no longer in breach of Regulation 18; this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff knew them well and were responsive to their needs. One person told us, "If I ask for anything staff will go and get it for me." Another person added, "I asked to go to the garden and staff took me. You can ask them for a shower with staff support."
- People told us there were visits from faith groups who provided religious services for people to attend if they so wished.
- Some people told us they enjoyed how they spent their time at Alexandra House. One person told us, "I like colouring and T.V. Sometimes we have a group of people singing, an organist comes. School children visit too; it's fun, I don't get bored."
- We saw photographs of people engaged in various activities including visits from local schools to help people stay connected to their local communities.
- Our observations showed an activities coordinator spent time with people individually as well as organising group activities for people to take part in. Staff created opportunities for people to enjoy social time and links to their local communities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and details of any needs were recorded. Where people were not able to communicate if they were experiencing pain, we saw staff used assessment tools to help understand people's experiences.
- People told us they received any support needed to help them with their communication needs. For example, one person told us, "I wanted the optician and he came in. I've got new reading glasses and I have got two hearing aids."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had been able to complain when needed and actions had been taken in response. Records showed where complaints had been received and we saw the steps taken to

investigate these.

- Other people told us they had no reason to complaint, but felt able to should they need to. For example, one person told us, "I have no complaints, staff are very helpful. If I was bothered I'd speak up, if I needed to." We saw information on how to complain was on display.

End of life care and support

- No one was in receipt of end of life care at the time of our inspection. However, where it was anticipated a person's health may decline, some arrangements were in place. For example, anticipatory medicines were held in stock should they be required to manage any pain. The provider had a care plan format to use to help plan and manage people's end of life care when required.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were completed on a regular basis and had identified risks. However, this had not always led to actions being taken to reduce risks. For example, monthly rooms checks had identified radiators had no covers on them to reduce the risk of scalding. This had been recorded each month from January 2019, however no action had been taken to reduce risks. Records showed a wardrobe was no longer fixed securely to a bedroom wall to prevent it from toppling over for two months. This had not resulted in action to make the wardrobe secure.
- Audits completed on the kitchen cleanliness had not identified the oven and some items of bake-wear were not clean. The home and operational manager told us following our feedback they had made these audits more detailed.
- This is the third inspection since 2015 when Alexandra House has been given an overall rating of 'Requires Improvement.' We were concerned to find new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. This demonstrates the provider has failed to sustain improvements to the overall quality and safety of care. As such, we will meet with the provider to reiterate the need for improvement.

The provider had failed to monitor, improve and mitigate risks associated with the environment and cleanliness. This meant governance systems were not always effective at ensuring people received quality care. This is a breach of Regulation 17(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits, for example, of people's care records and medicines had been effective at identifying and managing shortfalls.
- Statutory notifications had been submitted as required.
- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the location and on any associated website where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. This was available for people to see at the service and on the provider's website.
- We spoke with the registered manager and clinical lead on the first day of our inspection; they were working their notice and had left the service by the second day of our inspection. The provider had already

started the recruitment process for another manager and clinical lead and we were told they would apply to become the registered manager. In the meantime, the home manager continued to manage the day to day management of the service. They were supported by the operational manager, who was also a nurse and was acting as the clinical lead until the recruitment process had completed.

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

- People and their relatives told us they were happy living at Alexandra Court. One person told us, "I'd give the home 10/10, it's a pleasant atmosphere; no one comes in with a long face."
- People and their relatives knew who the home manager was and told us they found them approachable. One relative told us, "I think from what I've seen [the service is managed well]. Staff are easy to communicate with, I know who the manager is." Staff shared the view that they could approach the home manager should they have any concerns.
- The provider had a commitment to the duty of candour and any investigations into complaints or shortfalls had been completed thoroughly and openly.

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

- One person told us there were occasionally meetings held to discuss the service, however they did not think these were always useful. Other people we spoke with were not aware of meetings, however they did know who to speak to if they wanted to give their feedback. The provider did speak to people on a one-to-one basis about any proposed changes to the service. For example, we saw people's views had been gathered about a proposed change to mealtimes.
- We saw the provider had also asked people their views in a satisfaction survey and this was on display.
- People and relatives had opportunities to share their views about the service.

Continuous learning and improving care; Working in partnership with others

- The provider had made some improvements since our last inspection and had ongoing refurbishment plans in place to address some of our other concerns. During this inspection the provider took action to address the concerns we identified. These are examples of continuous learning and improvement.
- Staff meetings were held to share updates and reinforce good practice.
- A range of health care professionals worked with staff to achieve good healthcare outcomes for people.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The premises were not always secure or suitable for the purpose for which they were being used. (b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Actions were not always taken to reduce known risks. Audits were not always effective at identifying shortfalls in the quality and safety of services. (a)(b)