

Alexandra Court Residential Home Ltd

Alexandra Court Residential Home

Inspection report

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19 September 2018

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 14 and 19 September 2018 and was unannounced. At our last inspection of Alexandra Court Residential Home on 15 January 2016 and 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.

Alexandra Court Residential Home is registered to provide accommodation for up to 24 people requiring assistance with personal care. During our inspection there were 22 people living in the service. Alexandra Court Residential Home 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.

There was a registered manager in post. 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.

We observed practice and documentation that showed us all staff do more than that is asked of them to support people and make their lives better. Staff were extremely caring in their day to day practice and we saw this had a positive impact on people.

People and their relatives were passionate about their positive responses about the service they or their loved ones received. We found multiple examples of positive recollections and stories about relatives loved ones living at Alexandra Court Residential Home. The service had safe systems in place for the ordering, receipt, and disposal of medicines. One medicine was given incorrectly and the temperature of the medicines store room had been too high in the past. We made a recommendation about following their recent pharmacists report.

There was a comprehensive programme of quality audits managed by the registered manager. These included health and safety, infection prevention and control and a kitchen audit. The service had received a 5-star rating from the Food Standards Agency.

There was enough suitably qualified staff to meet the needs of people living in the home. People's individual needs were monitored and staffing levels altered when needs changed.

People, staff and relatives spoke positively about the registered manager and provider. Staff said that the registered manager was approachable and they felt comfortable to speak with the provider if the registered manager was absent.

A copy of the providers complaints policy was freely available. There had been no formal complaints about the service in 2018. People told us they knew how to complain and felt confident to do so.

People were offered a variety of food and drink, with meals and experiences being built around specific types of food. We observed wine being served with lunch.

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

People were recruited in a safe way and had their background checked at the time of employment. During our inspection, we made a recommendation to the provider around renewing background checks (Disclosure and Barring Service) after employment.

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?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Alexandra Court Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 19 September 2018 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We received feedback from two healthcare professionals who have visited the home.

We spoke with four people using the service, three relatives and six members of staff including the registered manager and two deputy managers. We also spoke with one visiting health care professional.

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 looked at written correspondence received from the company responsible for checking water quality, the fire service and from the company responsible for servicing and ensuring the safety of equipment. We reviewed four care plans, audits, policies, procedures and equipment checks. We looked at four staff recruitment records, staff supervision and appraisal documents. We undertook observations of care and interactions between people and staff.

Is the service safe?

Our findings

At our last inspection of 15 January 2016, the key question safe was rated Good. At this inspection we found the service had sustained the rating of Good.

There were safe systems in place for the ordering, receipt, and disposal of medicines. One person said, "I feel well looked after with my medication." Records indicated people were given their medicines as prescribed. However, we found two medicines for one person were given close to one another when there was supposed to be a two-hour gap. Medicines were stored in a safe way, although the temperature recorded in the medicine storage room had exceeded 25 degrees on a few occasions. We mentioned both these concerns to the registered manager. The registered manager organised a medicine's review by the pharmacist and a cooling fan for the medicines storage room during the inspection.

We recommend the service works in-line with their new pharmacist's report.

On our arrival, the service was secure and the door was locked. The member of staff checked our identification and we were asked to sign the visitors book.

Risk assessments were undertaken to keep people safe. Staff were monitoring people's body weight because of the risk of malnutrition. Also, people's skin condition was monitored and actions were taken to minimise the risks of pressure ulcer damage. Other specific risk assessments had been completed in respect of bathing and showering.

The environment was checked and maintained in line with current standards to keep people safe. For example, gas safety and electrical. Further checks on the environment such as personal protective equipment was monitored in line with the providers guidance.

Staff we spoke with demonstrated a good understanding of different types of abuse, potential indicators of abuse and the actions that they would take if they suspected or witnessed abuse. One staff member said that potential indicators of abuse included, "Physical marks, changes to behaviour, loss of appetite and changes to sleep patterns."

Staff were recruited in a safe way. We saw recruitment records indicated staff had applied for posts, had their documents checked and background checked. Application forms were completed and staff had been interviewed. However, some background checks had not been completed in eight years.

We recommend the service review its policy on background checks on staff.

Our observations indicated a sufficient level of staff to keep people safe and respond to people's needs. People told us they thought there were enough staff around if they needed help. The staff team was made up of office staff, domestic staff and catering staff leaving care staff to focus on care.

Accidents and incidents were monitored by the registered manager. These records were documented electronically and could be summarised to identify any trends. At the time of inspection there had been no recent safeguarding referrals. Past safeguarding concerns had been dealt with appropriately.

Staff used gloves and aprons when assisting people with personal care. There were hand washing facilities and above the sinks hand-washing instructions were clearly displayed. The kitchen had been rated five stars out of five for its food hygiene rating.

Is the service effective?

Our findings

At our last inspection of 15 January 2016, the key question effective was rated Good. At this inspection we found the service had sustained the rating of Good.

Pre-admission assessments were completed by the registered manager prior to any person being offered a place to live in Alexandra Court Residential Home. On admission to the home the assessment was reviewed to check that no changes were necessary to meet the person's care and support needs.

People who lack mental capacity to consent to care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). As part of the assessment of people's needs a mental capacity assessment was completed when required. These were completed in respect of day to day living or specific decisions that needed to be made.

People were registered with local GP surgeries and some people had been able to remain with their family GP because they had previously lived locally. GPs were asked to visit when people were unwell, had requested to see a GP or needed a healthcare review. The service maintained clear and detailed records of all visits by GPs and other health care professionals. Examples of these included physiotherapists, occupational therapists, district nurses and social workers. On the day of inspection, we spoke with a visiting GP. They had positive feedback about the service.

People were supported to eat and drink. During our inspection we observed people eating lunch and the food looked appetising. Comments from people included, "I enjoy the meals here, its lasagne today I think. It's always hot and tasty anyway" and, "We have choices of food, most of the stuff I like. If I don't I can get something else."

There were sufficient toilets located throughout the home. There was signage that would help people use the facilities independently. A lift was installed in the building to enable people to flick between floors. People could spend their day in the communal lounge area, garden and there was a separate dining room.

There was a range of equipment in place to aid the care staff in meeting people's care and support needs. For example, CCTV in corridors and outside, we saw hand rails and there was lifting equipment. There was two assisted bathrooms with swivel bath seats with adjustable bath chairs. Also, one assisted shower room.

All staff members are enrolled onto a level two vocational health and social care qualification when they began working in the service. During our inspection we saw evidence that relevant topics were discussed during staff meetings and supervisions. New staff completed the care certificate. The care certificate is a nationally recognised qualification designed to give new care staff all the training they require.

Is the service caring?

Our findings

At our last inspection of 15 January 2016, the key question caring was rated good. At this inspection we found the service had improved to the rating of outstanding.

Without exception, people were treated with dignity, respect and kindness which staff told us were the values of the service. We observed many kind interactions between staff and people during our inspection. Compliments received by the service were kept. We read through some of these and found overwhelmingly positive comments from many people. One comment from a family member thanked all the staff team for going the extra mile and making the final years of their relative's life as comfortable as possible.

Relatives also thanked the staff for looking after themselves as well, and they commented they all felt part of the family atmosphere. Another relative commented in their compliment letter as soon as they were greeted at the front door by the registered manager with a big smile and no shoes on, they felt right at home and knew they had finished their search for a home that was good enough for their parents. We observed one person stepped out of their bedroom and was lost, staff immediately asked if they were ok, shared a joke about them getting lost and directed the person to the lounge where they wanted to go. As a result of this quick intervention, the person did not become distressed and immediately joined in with a conversation in the lounge with their friends.

There was a strong commitment from the provider to make sure people felt as comfortable as possible in the home through a transition that was made as smooth as possible. The registered manager told us they knew how hard it could be for someone to come into a service from their own home. As a result, they ensured that the service was as homely as possible. For example, when one new person came to live at the service, they were asked what colour theme they would like for their room. They were then supported to the shops to choose their own curtains and other accents for their room. Documentation showed us the person was extremely happy with their room. Records read, '[Person's name] carpet was fitted today and curtains are now up. [Person's name] came back and when they saw their bedroom they cried. They said they were so happy and that it really felt like her home now. Another example was, one person told us they didn't want to take part in activities when they first arrived but they really enjoyed them now because it was a fun atmosphere. They carried on telling us staff had encouraged them to take part and give it a try. Now they regularly join in and tell their grandchildren about the fun things they have done.

Staff and management were enthusiastic and committed to helping people become as independent as possible and, it was embedded in everything that the service and the staff did. Care documentation directed staff about how to support people with their independence. Upon coming to live at the service staff spent significant time with people to identify their goals while living at the service. For example, evidence showed that over a 12-month period of close support and encouragement by staff, one person now administered their own medicines. Staff told us they empowered people to do as much as they could. We saw other staff encouraging people to walk.

Staff were particularly skilled at anticipating people's need and recognised distress and discomfort at the earliest stage while still promoting their independence. Staff told us and records confirmed one person

living with dementia showed signs of distress when they arrived at the service. Due to the caring nature of the staff, they spent time with this person and got to know them. The staff established that the person wanted to go out into the community. The registered manager thought creatively about how to enable this person's independence whilst minimising the risk. The service used assistive technology to reduce the risk and keep the person safe while supporting them in accessing the community. As a result of this person having the freedom they required, they became significantly less distressed with a large drop in them being involved in accidents and incidents within the service. We spoke with this person who told us how happy they were with the service and the freedom they had to go to the shops and meet friends.

The service had a strong, visible person-centred culture where staff were exceptionally compassionate and kind. For example, we saw people were offered a Pimm's and lemonade to enjoy during the World Cup. Also, people went to a 'memory matinee' at a local cinema. The 'memory matinee' was a showing of old movies and memories. One person's records documented, they were asked if they would like to see an old movie at the cinema. The person was 'delighted' to be asked and attended the movie. After the movie, records showed it brought back lots of nice memories and they immediately engaged in conversation with other people. The service also created a memory tree and garden to remember the memories of those lost. This gave a focal point for residents and families to remember their loved ones. We found this consistent of the caring nature of staff.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people and their families, which meant that people felt consulted, empowered and cared for. People told us they always were asked about support or activities before anything happened. They told us they felt consulted and their opinion mattered. Comments from people included, "I know they listen if I had to tell them anything" and "It's just normal, I'm in control."

The provider strongly encouraged relatives and friends to visit their family members living at the home and maintain their personal relationships. For example, people's birthdays were celebrated. If a person wanted an event to mark their birthday, these included birthday cake and a party where family were invited. We saw that a 60th wedding anniversary party and a 100th birthday celebrations had taken place. One relative said "When I come they always look happy and staff have a good relationship with people." This meant relationships were maintained and relatives told us they looked forward to visiting the service and felt at ease when they did so.

An equality, diversity and human rights approach to supporting people was well embedded in the service. People's equal and diverse needs were met and supported. We saw evidence people were supported with their choice of faith and had these choices respected. For example, a weekly visit from a humanist celebrant incorporated all residents' religions, and festivals were celebrated, but were not celebrated by all. Those who did not wish to celebrate were supported in their choice not to be involved. This showed us staff made effort to support people's diverse needs, even if it differed from their own.

During staff meetings, the dignity and respect policies were discussed as a team and there were further discussions about how the service could deliver high standards of care and the importance of respectful communication was discussed.

Respect for privacy and dignity is at the heart of the service's culture and values. People's preferences were listened to and choices were respected. Staff told us listening to people and supporting them in a dignified way was what they strived for on a daily basis. Staff demonstrated that they 'lived' the values of the organisation. They had an awareness of the service and they took action if they felt something might be wrong. For example, we observed a member of staff walk into a room and react to loud music. They asked

people, "Do you want the music a little quieter" and turning the music down when they indicated yes.

The culture of ensuring people's past experiences and memories were understood and that they were made to feel that they mattered was echoed amongst people living in the home. The service used 'life history' documentation to record details about the person, their life and life events, likes, dislikes and hobbies. This enabled the care staff to get to know the person well. People told us they shared comfortable sentimental conversations with staff which made them feel better and got things off their chest. We saw one person who loved animals in the past, involved with the dog that visited and the chickens and rabbits kept on site. Staff told us the person helped look after the animals when the weather was nice.

People and their relatives carried a lot of power when making decisions about the service. People and relatives were invited to provide feedback during meetings and through questionnaires. Relatives we spoke with told us they felt listened to by the management with any suggestions they had. One example staff told us and we saw was during a meeting, minutes showed us some residents previously requested a rabbit in the service for something else to do and a bit of fun. A rabbit was purchased and is regularly brought inside to interact with residents. People told us in detail about the rabbit and how they liked to hold it on their knee. Records showed people were excited and happy when the rabbit came in. This encouraged people to walk around more, encourage mental stimulation and made people smile.

Is the service responsive?

Our findings

At our last inspection of 15 January 2016, the key question responsive was rated Good. At this inspection we found the service had sustained the rating of Good.

Each person had a care plan which set out their care and support needs and stated how the person wanted to be looked after. Electronic care plans were regularly reviewed and changed to reflect people's current needs. The care staff had access to the electronic records using a laptop they updated throughout the day, recording the care and support provided. The person, and relatives where appropriate, were involved in reviews.

People told us there were various activities in the service. On the days of inspection, we saw a band come and play and get people to sing along. Other impromptu activities happened spontaneously according to people's like and dislikes. For example, we saw a quiz question asked about Abba. This led to a chat about Abba and then the CD being played with singing and dancing. The service worked with local baby and toddler groups to provide further stimulation for people.

Where decisions had been made regarding a person's resuscitation status, the form completed by the person's GP was stored on their electronic care records. This was easily accessible and clearly directed staff the action to be taken following someone going into cardiac arrest.

The service had received no formal complaints in 2018. People we spoke with told us they had not needed to raise a complaint however, they felt comfortable to speak with staff or the registered manager if they needed to do so. People were very complimentary about the service and the staff. Comments from people included, "I would say something if I needed to, but it's all great", "I have no complaints, it's all very good" and "No complaints." The registered manager had maintained a log of complimentary letters and cards the service had received listing many positive comments.

Staff told us the service would ensure that if they wished, people could live in the home towards the end of their life and all efforts would be made to ensure a pain free and dignified death. The service was re-accredited as a Platinum Gold Standards Framework Home. The Gold Standard Framework (GSF) is an external organisation who supports providers to develop and improve end of life care for people. This re-accreditation showed us the service worked with other agencies to improve their end of life care for people. Family members communicated the caring and responsive nature of staff and how people had their preferences met toward the end of their lives. People's end of life preferences were recorded in care documentation. This showed us the service had worked in line with best practice guidance.

There was an equality and diversity and human rights policy in place. Religion and beliefs were considered during the pre-assessment and included in the care plan. The service worked with external religious organisations to enable representatives to visit the home and meet people's individual religious needs. People had their religious beliefs respected.

Is the service well-led?

Our findings

At our last inspection of 15 January 2016, the key question well-led was rated Good. At this inspection we found the service had sustained the rating of Good.

During our inspection there was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staffing team was led by the registered manager who provided good leadership and management. They were supported by the deputy manager, senior care assistants and care assistants. Catering and housekeeping staff were also employed to help meet people's daily living needs. Staff and people told us the management team were very good, reliable and they had confidence in the managements approach to running the service.

Staff spoke positively about the registered manager. Comments included "They know what they are doing, I would feel confident mentioning anything to them" and "[Register manager's name] is approachable and I have regular supervision." The registered manager was open to all new ideas that could benefit the people who lived in the service. For example, we saw changes and additions made to the service following suggestions made by residents.

The service had a robust quality assurance system in place. Systems were in place to identify concerns or errors. Where errors had been identified, the registered manager had made changes to reduce or remove the risk of it happening again. During the inspection we raised concerns with one person's medicines. The registered manager immediately took action to ensure a further mistake could not happen. This showed us the provider learnt their lessons.

The registered manager used the electronic care records to look at any accidents and incidents that had occurred. They could do an analysis by person/room/ time/type/injury to identify any themes. This meant preventative action could be taken to reduce or eliminate a recurrence.

We saw evidence that the service was working in partnership with other agencies and organisations to ensure good outcomes for people. For example, the service worked with a local university on a trail around people living with dementia and the best way to support them. Also links with local child nurseries for stimulation. We saw evidence the service worked with external agencies to follow best practice guidance such as the GSF.