

Health and Home (Essex) Limited

# Alexander House Private Nursing Home

## Inspection report

25-27 First Avenue  
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Essex  
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04 March 2016  
07 March 2016

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 04 and 07 March 2016.

Alexander House private nursing home is registered to provide accommodation and care for up to 26 people some of whom may be living with dementia. There were 23 people living at the service at the time of our 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.

Staff had the necessary skills and knowledge to meet people's assessed needs safely. Staff were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

People told us that they felt safe and comfortable living at Alexander House. Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them in maintaining good practice.

Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They had made appropriate applications to the relevant authorities to ensure that people's rights were protected.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The support plans provided staff with good information about how to meet people's individual needs, understand their preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. Families were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

There were good systems in place to monitor the quality of the service although these were not always completed timely.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People's medication was managed safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager and staff had an understanding and knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care and support as far as possible.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were informative. They provided staff with enough information to meet people's diverse needs.

There was a complaints procedure in place and people were

confident that their complaints would be dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

There was good management and leadership in the service.

The quality of the service was monitored and people were happy with the service provided, although quality assurance monitoring was not always completed in a timely manner.

# Alexander House Private Nursing 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 04 and 07 March 2016, was unannounced and carried out by one Inspector.

We reviewed information that we held about the service including notifications. A notification is information about important events which the service is required to send us.

We spoke with and interacted with five of the people living at Alexander House. We spent time in communal areas to get an understanding of people's experience, and observe their interactions with staff. We spoke with the registered manager of the service, one nurse and three care staff members. We spoke with four relatives during the inspection visit.

We reviewed a range of different care records relating to four people living at the service. We also looked at four staff members' records and a sample of the service's policies, audits, training records and staff rotas.

# Is the service safe?

## Our findings

People told us that they felt safe living at Alexander House. One person said, "I am always safe here as the staff look after me." Relatives told us that the care and support provided at Alexander House was good and that they had no concerns about people's safety. One told us, "We like it here, my [relative] is safe and well looked after."

Staff demonstrated an understanding of safeguarding procedures and when to apply them. We saw that the service had made referrals to the safeguarding team when needed, and had an open approach to working with other professional to ensure people were safe. There was a policy and procedure available for staff to refer to when needed. Information was available to people using the service about what to do if they had any concerns or worries.

Risks to people's health and safety were managed. People were supported to take every day risks such as accessing the community. Risks had been identified and assessed. Management plans on how the risks were to be managed were in place.

Care files contained risk assessments relating to people's behaviours, daily care needs and specific healthcare needs. Risks had been identified and assessed. Action plans on how the risks were to be managed were in place.

Staff had a good knowledge of each person's identified risks. We saw that they understood people's needs and worked in ways that ensured that people were cared for safely. For example, people with behavioural needs had clear information and protocols in place which we saw were adhered to by staff in practice.

There were sufficient staff to meet people's assessed needs. The registered manager explained how staffing was managed, that was flexible to meet people's needs and gave us examples of this. Relatives told us that staffing was good. One relative told us, "The staff are amazing."

We saw that staff were not rushed and were able to spend time with people supporting them and encouraging independence. Staff were present and responsive to people's needs at all times. The staff duty rotas showed that established staffing levels had been maintained to ensure adequate support for people.

The service had an effective recruitment process in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Two newer members of staff confirmed that all checks had been undertaken before they started work at the service.

People's medicines were being managed safely and they received their medicines as prescribed. We saw that staff took their time with people when giving their medication and explained what was happening. People's medicines were managed safely.

# Is the service effective?

## Our findings

People received their care from staff who had the knowledge and skills to support them effectively. People told us that staff understood their needs and that they felt well supported. One person told us, "The staff are all really good and helpful." A relative told us, "I am very happy with all aspects of my [relative] care and the interaction of staff."

Staff told us that they received good training and support. They said that the registered manager were always available for support and advice when needed. One staff member said, "We have lots of training here."

Training records confirmed that staff had received training which included subjects such as, Mental Capacity Act 2005, Deprivation of Liberty safeguards, infection control, food safety and health and safety. This showed us that the provider was committed to providing a well trained staff team to support people.

Staff had received a good induction to the service. One member of staff told us, "The induction was good here, they gave me training in lots of things and supported me." Staff undertook core training. Staff and the registered manager told us that new staff worked initially on a supernumerary basis and shadowed experienced staff so that they could get to know people using the service, review their care plans and gain and understanding of their needs.

Staff records showed that staff had also received regular opportunities to meet with their manager on a one to one basis to discuss their views and personal development needs. An annual appraisal system was also in place to encourage ongoing development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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.

Staff understood the key principles of the MCA and had received training on the MCA and DoLS. Assessments had been undertaken of people's capacity to make decisions and the registered manager was aware of their responsibilities with regard to DoLS. Where people had been deprived of their liberty the registered manager had made appropriate applications to the local authority for a DoLS authorisation. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis. During our inspection we observed staff asking for people's consent, and giving them time to respond, before giving assistance.

People or their families told us that they had been involved in care planning and risk management, and

were consulted with about all aspects of their care. One relative said, "I am always informed and kept up to date with any changes of [relative] care."

People were provided with sufficient food and drink to meet their needs and maintain a balanced and healthy diet. Where required, people's dietary needs had been assessed and their food, fluid intake and weight had been monitored to ensure that their nutritional intake kept them healthy. People told us the food was good and there was always plenty to eat and if they didn't like anything on the menu they could have something else. We observed the lunch time meal and saw that staff encouraged and supported people to eat their lunch. Where people were being supported to eat their meal, staff did so sensitively.

People were supported to access healthcare services as required such as hospital appointments, occupational therapists, GPs, opticians and chiropodists. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take.



## Is the service caring?

### Our findings

People told us they like the staff at Alexander House. One person told us, "They are all nice people." Relatives told us that the staff were kind and caring. One told us, "Staff are very caring and approachable."

People went about their own routines during our visit and there was good staff interaction. Staff displayed kind and caring qualities. Staff had received training in equality and diversity, they treated everyone respectfully and understood their diverse needs.

People had been involved as far as possible in planning their care. People's views and wishes had been sought so that the care provided would meet their individual needs. Care records provided information about people's needs, likes, dislikes and preferences in relation to all areas of their care. They showed how people's care and welfare was monitored.

Families told us that the service supported them in maintaining contact with their relatives and that they were able to visit at any time. Relatives told us that they were always made welcome by friendly staff. One said, "We are always welcomed, whatever time we turn up."

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their individual needs. Before moving into the service people's needs were assessed to ensure that the placement would be appropriate for the person, and that they would be able to be supported safely by the service. Care plans were kept under regular review. Relatives spoken with told us that they were always involved with any reviews relating to people's care or funding.

Staff were aware of people's individual likes and preferences and used this knowledge to support people in a responsive way. People regularly accessed the local community in line with their individual preferences and assessed risks and needs.

During the inspection we observed activities being held with people, this included games of Bingo and also arts and crafts. People were participating in these activities with assistance from staff.

The service had an effective complaints process in place. The complaints procedure was available to people so that they would know what to do if they had any concerns. No formal complaints about the service had been made since our last inspection. On a survey completed last year all relatives who responded said that they were aware of the complaints procedure. People felt that they could discuss anything with the registered manager or staff and that any issues would be addressed. One person told us, "The manager is always approachable and will listen if I have anything to raise."

## Is the service well-led?

### Our findings

People told us that the service was well led and managed. Families praised the service telling us that it was well managed and communicated with them well and appropriately. A relative told us, "The manager will always try and help improve things, he will listen if we as a family have any concerns."

People said that staff and management were approachable. Throughout the inspection we saw that the management and support staff had positive relationships with each other and with people living in the service and their families. Management, staff and people using the service all got on well, with people's individual needs and abilities respected and understood.

Staff were positive about the management of the service. They said that the registered manager was approachable. Staff felt that they could raise any issues and felt listened to. Staff were motivated and told us that they enjoyed their work very much.

Staff provided good support to one another. Staff meetings occurred and handovers between shifts took place. This ensured that communication within the team was good and that staff were kept up to date with current information about the service and people's needs.

The registered manager was aware of the responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided. There were formal processes in place to support this. Audits had been undertaken in relation to health and safety, the premises and medication, with any matters arising being addressed although this had not been completed consistently at times. The registered manager told us that these audits would be completed on a regular basis with immediate effect following our inspection.

People's views on the service were sought through daily interactions and regular review processes. Residents meetings were also held to offer people the opportunity to express their views. Formal surveys were also undertaken by the organisation on an annual basis. We saw that surveys had been undertaken in April 2015 with people using the service, staff and families. Responses were seen to be positive about the service. However, any matters arising from people's comments had been identified and an action plan produced and addressed. For example, people had made comments regarding the decoration of the home. The registered manager had a renovations schedule in place to show the redecoration plans for the home in the forthcoming months.