

Health and Home (Essex) Limited

Alexander House Private Nursing Home

Inspection report

25-27 First Avenue
Westcliff On Sea
Essex
SS0 8HS

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Date of inspection visit:

22 February 2021

25 February 2021

01 March 2021

03 March 2021

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14 May 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alexander House Private Nursing Home is registered to provide accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury for up to a maximum of 25 people. At this inspection 13 people were living there, some of whom were living with dementia.

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

Staff told us they felt staffing numbers were suitable to meet people's needs and our observations during the inspection supported this. However, we were concerned about the number of suitably qualified nursing staff available to meet people's nursing needs. We have made a recommendation in this area.

Staff recruitment files were not kept at the service. Following the inspection, we requested the recruitment files for all staff recruited in the last three months to be sent to us. We have made a recommendation in this area.

Infection control and prevention measures were in place although some improvements were required.

Risk assessments for people included information about how to mitigate the risks they identified. However, we did identify two care plans that required further work. Whilst both these care plans were for people that had been admitted recently risk plans were either incomplete or not present.

Most staff knew the signs and symptoms of abuse and told us they always reported their concerns to senior staff however, we did find two staff that could not tell us who to report to externally. The registered manager told us they were arranging for additional support for these staff whose first language was not English.

Steps had been taken to ensure the premises were safe. Medicines were managed safely.

Following our inspection, we requested further documentation from the provider to assure us that there were suitable systems in place to assess and monitor the quality of the services provided. The provider was given specific timescales to send us this information but some of these records have still not been received.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 20 September 2019). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to wound care, staffing, medicines, infection control and the management

of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a continued breach in relation to the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Alexander House Private Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection site visit was carried out by one inspection manager, one inspector, and a specialist adviser.

Service and service type

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

The service had two manager's 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.

Notice of inspection

This inspection was unannounced. Inspection activity started on the 22 February and ended on the 03 March 2021.

What we did before 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 seven people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, the registered nurse and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Unfortunately not all information requested was received. We looked at staff rotas and quality assurance records. We spoke with a further four members of staff.



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 remained the same. 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.

Staffing and recruitment

- Staffing numbers were suitable to meet people's needs, however, we were concerned about the number of suitably qualified nursing staff available to meet people's nursing needs. The provider only had one registered nurse employed. There was a risk that people with nursing needs would not have their needs addressed promptly. Following the inspection the provider sent us additional names of qualified nursing bank staff they might use. When we spoke with these nurses they had not provided any cover since December 2020.
- Rotas viewed did not specify what cover was provided when the registered nurse was off duty. Whilst we could see that the registered nurse was available to be deployed the rotas did not clearly record who was providing qualified nursing cover at the service. Between 25 December 2020 and 24 January 2021 the qualified nurse was recorded as not working on seven occasions.

We recommend the provider undertakes a review of staffing levels to ensure there are always sufficient numbers of qualified nursing staff available all of the time to meet people's nursing needs and this is clearly documented on the rota.

- Staff recruitment records for three members of staff were reviewed. The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included checks from the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. Staff could not work until these checks had been carried out. However, not all relevant checks were completed in relation to work history or validation of references.

We recommend the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Assessing risk, safety monitoring and management

- Risk assessments for people included information about how to mitigate the risks they identified. However, we did identify two care plans that required further work. Whilst both these care plans were for people that had been admitted recently, risk plans were either incomplete or not present. When we discussed the risks to these two people with staff they were aware of the risks and the provider agreed to send us both care plans updated. Following the inspection only one care plan was received.

Preventing and controlling infection

- Appropriate infection control practices were carried out at the service. Staff understood how to use PPE and did so appropriately with the exception of one member of staff who's mask often fell below their nose.
- Improvements were required to ensure staff received appropriate infection control training and that the infection control policy was updated to reflect procedures in light of COVID-19. Further improvements were required to ensure people were not admitted to the service during an outbreak.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to describe the action they would take to report any concerns to the manager. However, two staff whose first language was not English were not familiar with the words `safeguarding` or 'whistleblowing' but would report any concerns to the registered manager. Not all staff knew how to report concerns to external authorities. The registered manager told us they were planning to hold some workshops to support staff with their understanding in this area.
- The registered manager had made referrals to the local authority when required.
- People were positive about the care they received, one person told us, "The staff come to me and they are gentle when they wash me. They will help me have my dinner." Another person said, "I am happy here, they clean my room. I can have a shower or bath every morning."

Using medicines safely

- We found medicines were managed safely. Medicines were stored safely in line with requirements in locked trolleys. All storage was neat and tidy.
- All staff with responsibility for administering medicines had received the appropriate training and undertook regular medication competency assessments.
- Medicine audits were carried out on a regular basis.

Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken and were reviewed to identify trends or patterns to ensure lessons were learnt.
- The provider was given a timescale to send us information following this inspection and some of this has still not been received.

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. 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.

At our last inspection in July 2019 the provider's quality assurance system needed to be further developed to identify areas for improvement and fully embed these into practice. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvement had been made and there was a continued breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The leadership within the service was insufficient. The provider had recently become one of the registered managers and took control of all elements of the running of the service. However they were unable to demonstrate effective oversight or that they prioritised good quality care. For example, the providers approach to provide nursing cover did not demonstrate a commitment to staff or people at the service of a prioritisation of their needs.
- The provider had systems in place to monitor the quality and safety of the home; however, these were not always robust nor effective because they had failed to identify and address the issues we found during this inspection.
- The provider's statement of purpose stated that there would be a nurse on site at all times, however the provider did not plan, nor have the resources available to ensure there was a nurse on site at all times as they only employed one nurse. This meant whilst there were other nurses available to be deployed in an emergency, the nurse had not had a full day off since December 2020. Whilst there was limited impact on people using the service, this approach does not demonstrate the values of a well supported nursing home.
- Following the site visit, we requested a number of documents to conclude the inspection. Despite requesting these a number of times and issuing a legal request for these documents the provider failed to submit them in a timely manner and not all documents were received.
- At the last inspection staff had not all received refresher training or health specific training. At this inspection we still found gaps on the training matrix for Alexander House. We found gaps for three staff and requested the individual training records for these staff. These were not received and whilst the staff we spoke with told us they had received training without receiving their training records we could not be assured staff were suitably trained to meet people's needs.
- The provider was using a contractor to provide cleaning services and during the inspection we noted that one contractor was working unsupervised. Following the inspection, we asked the provider to send us

evidence that this contractor had an enhanced Disclosure and Barring Service check (DBS). A DBS helps to prevent unsuitable people from working with vulnerable groups, including children. The provider was unable to provide us with this evidence as said they could not find the document and had subsequently applied for a new DBS check.

- The provider had not made sufficient improvements since our last inspection to drive forward the quality of the service. An action plan had been completed by the provider but this had not been effective in making the changes needed to ensure they had adequate oversight to ensure a good quality service.

We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had limited stimulation and engagement. Due to the pandemic people were encouraged to spend time in their rooms. Staff had warm interactions with people however the length of engagement was minimal and mainly focused on staff responding to people's care needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked with other agencies to provide appropriate support for people. For example, GP's, District Nurses and Specialist Teams.
- Staff told us they felt supported by senior staff, one staff member told us, "We have supervision every month and I do feel supported." Another staff member said, "The registered manager is supportive, and I think people are getting good care here."

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm.